Image# 12960068436						PAGE 1 / 160
FEC	REPORT AND DIS For Other Than	BURSEN	IENTS		Office Us	e Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Enta	mple: If typing, ty r the lines.	/pe 12FI	E4M5	
UnitedHealth Group Ir	ncorporated PA	C (United for	r Health)			
ADDRESS (number and street)	9900 Bren Road E	ast				
Check if different than previously reported. (ACC)	Minnetonka			MN	55343	
2. FEC IDENTIFICATION N		CITY 🔺		STATE A		
C C00274431		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (C July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	(C) 12-Day PRE-Ela Report Q3) YE) (d) 30-Day POST-E Report	for the:	Jun 2 Jun 2 Jul 2 Primary (12P) Convention (12C)	D / Y Y	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	9 01 his Report and to th		through wledge and belie	f it is true, correct	ct and complete	e.
Signature of Treasurer	rwood, Susan, , ,			Date	10 / D 19	D / Y Y Y Y 2012
NOTE: Submission of false, error Office Use Only	neous, or incomplete i	information may su	bject the person s	signing this Repor	FEC	es of 52 U.S.C. § 30109 FORM 3X ev. 05/2016

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Γ	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	rite or Type Committee Name		
l	JnitedHealth Group Incorporated	d PAC (United for Health)	
R	eport Covering the Period: From:	M M / D D / Y Y Y Y 09 01 / 2012 To:	09 / 0 / Y Y Y Y 09 30 / 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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	

Х

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC Form 3X (Rev. 05/2016)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		
UnitedHealth Group Incorporated PA	C (United for Health)	
Report Covering the Period: From: 09	/ D D / Y Y Y Y 01 / 2012 To:	09 / D D / Y Y Y Y 09 30 2012
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
	6171.82	85631.40
(ii) Unitemized (iii) TOTAL (add	0171.02	
Lines 11(a)(i) and (ii)	66423.69	514644.49
	0.00	0.00
(b) Political Party Committees (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	-757578	
to Federal Candidates and Other		
Political Committees 17. Other Federal Receipts	0.00	12000.00
(Dividends, Interest, etc.)	0.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transform (add 19(a) and 19(b))	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	CC 400 00	52/102 51
(subtract Line 18(c) from Line 19)▶	66423.69	581129.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 511000.00 77500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1736.00 3036.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 1736.00 3036.00 29. Other Disbursements (Including 98600.00 Non-Federal Donations)..... -500.0030. Federal Election Activity (52 U.S.C. § 30101(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 Total Federal Election Activity (add (C) 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

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ **Operating Expenditures**

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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					1736.00
		-7		-7-	
					64687.69
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Page 5

COLUMN B Calendar Year-to-Date

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (United for Health)								
Full Name of Individual (Last, First, Middle A. HEMSLEY, STEPHEN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			09 18 2012							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : 35398915 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		5000.00							
Name of Employer (for Individual) Corporate		upation (for Individual) D & President	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00								
Full Name of Individual (Last, First, Middle B. LYDON, SCOTT THOMAS, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LYDON, SCOTT THOMAS, , ,									
Mailing Address 9900 Bren Road East			M M / D / Y							
City	State	Zip Code	Transaction ID : 35411882							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		0.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	× Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		98,00	Refund(s) on Schedule B Totaling \$1736.00 Thi changes the YTD Total to \$98.00							
Full Name of Individual (Last, First, Middle C. STREB, DEBORAH S, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 09 30 2012							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159794128679 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			► 5028.00							

FOR LINE NUMBER:

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PAGE 7 OF

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$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	United	for Health)										
Α.	Full Name of Individual (Last, First, Middle Initia KAZLAUSKAS, ANTHONY J, , ,	al) or Full O	Irganizatio	n Name		Date of	Re	eceip	pt					
	Mailing Address 9900 Bren Road East					09 30 2012								
	City	State	Zip (Trans	acti	ion	ID : P	R1159	7946	628679)	
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	FEC ID number of contributing federal political committee.	С						-		-y	_	40.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (fe /led Dir	or Individual)		M	emo	b Ite	əm					
	Receipt For:													
	Primary General Other (specify) ▼			400.00	P	/R Ded	luctio	on ((\$20.0	0 Bi-W	eekl	y)		
В.	Full Name of Individual (Last, First, Middle Initia MUGGIO, CARLA M, , ,	al) or Full O	rganizatio	n Name	[Date of Receipt								
	Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 09 30 2012										
	City	State	Code		Transaction ID : PR1159798228679									
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	FEC ID number of contributing federal political committee.							-		-9-	_	38.4	6	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-D	P/	P/R Deduction (\$19.23 Bi-Weekly)									
			,		·									
C.	Full Name of Individual (Last, First, Middle Initia BELLOWS, BRIAN R, , ,	al) or Full O	rganizatio	n Name	[Date of	Re	eceip	pt					
	Mailing Address 9900 Bren Road East					09 / 0 / Y Y Y Y 2012								
	City Minnetonka	State MN	Zip (Code 43-9664						R1159			Ð	
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	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Bus Dvlp Aggregate Year-to-Date ▼						Memo Item						
	Receipt For:													
	Primary General Other (specify)	300.00					lucti	ion	(\$15.0	0 Bi-W	eekl	y)		
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PAGE 8 OF

				Detailed Summary Page		11a		11b	110	;	12					
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	for commercial purposes, other than using th															
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporat	ted PAC (Un	ited for Health)												
Α.	Full Name of Individual (Last, First, Middle Ir NOBLITT, KEITH W, , ,	nitial) or Full O	rga	nization Name		Date of	Po	coint								
A .	Mailing Address 9900 Bren Road East				-				1	Y	Y Y	Y				
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в.	Full Name of Individual (Last, First, Middle Ir WATSON III, JAMES S, , ,	hitial) or Full O	Drga	nization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East	9900 Bren Road East							09 30 2012							
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	Primary General Other (specify) ▼		,	500.00] F	P/R Deduction (\$25.00 Bi-Weekly)										
— с.	Full Name of Individual (Last, First, Middle In COOK, WAYNE F, , ,	itial) or Full O	Drga	nization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East					09 30 2012										
	City Minnetonka	State MN		Zip Code 55343-9664		Trans	act	ion ID :	PR11	598 1	282867	9				
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	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	tion (for Individual)		M	emo	tem								
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FOR LINE NUMBER:

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PAGE 9 OF

Mailing Address 9900 Bren Road East 09 30 2012 City State Zip Code Minnetonka FEC ID number of contributing C Transaction ID : PR1159815928679 Amount of Each Receipt this Period 384.60 Name of Employer (for Individual) Occupation (for Individual) SVP Bus Ops Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) C. SAURO, PATRICIA R, , , Mailing Address 9900 Bren Road East Date of Receipt City Mailing Address 9900 Bren Road East C 2012 City State Zip Code Mount of Each Receipt Mailing Address 9900 Bren Road East C 2012 City Mailing Address 9900 Bren Road East 2ip Code Minnetonka State Zip Code FEC ID number of contributing federal political committee. Occupation (for Individual) Nume of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$60.00 Bi-Weekly) United HealthCare Services Inc Aggregate Year-to-Date ▼ P/R Deduction (\$60.00 Bi-Weekly)		EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
ar 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 of Individual (Last, First, Middle Initial) or Full Organization Name C. Subtro Commercial purposes, other Name of Contributing federal policial committee. Receipt for: B. ERLANDSON, PATRICK J.,, Mailing Address 9900 Bren Road East City Minetonka FEC ID number of contributing federal policial committee. C. Subtro Charles Services Inc Primary General City Minetonka FEC ID number of contributing federal policial committee. C. Subtro Charles Services Inc Primary General City Minetonka FEC ID number of contributing federal policial committee. C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka C. Subtro Charles Services Inc Primary General City Minetonka Subtro City Minetonka Minetonka	An	v information copied from such Reports and S	tatements ma	av not be sold or used by any							
UnitedHealth Group Incorporated PAC (United for Health) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WICHMANN, DAVID S Mailing Address good Bren Road East 0 City State Mailing Address good Bren Road East 0 City State Mailing Address good Bren Road East 0 City Coupation for Individual; United HealthCare Services Inc Coupation for Individual; Precipit For: Aggregate Year-to-Date ▼ Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. ERLANDSON, PATRICK J., Mailing Address good Bren Road East 0 City State Zip Code Minnetonka State Zip Code Name of Employer (for Individual) Occupation (for Individual) Transaction ID : FR159815282679 Name of Employer (for Individual) Occupation (for Individual) State PR Deduction (\$192.30 Bi-Weekly) Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name PR Deduction (\$192.30 Bi-Weekly) PR Deduction (\$192.30 Bi-Weekly) City Mailing Address 9900 Bren Ro											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. WCHMANN, DAVID S, , , Maling Address good Bren Road East 2ip Code City State 2ip Code Minnetonka Min 2ip Code FEC ID number of contributing federal political committee. C 384.60 Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$192.30 Bi-Weekly) Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Bett Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt Malling Address good Bren Road East C Transaction ID: PR1158815928679 Manuetonka Min 5034-3664 For ID: number of contributing federal political committee. Date of Receipt Name of Employer (for Individual) C Transaction ID: PR1158815928679 Amount of Each Receipt this Period Name of Employer (for Individual) C Maling Address 9900 Bren Road East Op 6 3 0 2 2012 Transaction ID: PR1158815928679	\backslash	ι, ,									
A. WCHMANN, DAVID S, , , Date of Receipt Mailing Address 9900 Bren Road East 09 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /]	UnitedHealth Group Incorporate	ed PAC (United for Health)							
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\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	UnitedHealth Group Incorporated	-	-	<i>,</i>								
Α.	Full Name of Individual (Last, First, Middle Initia MUNSELL, WILLIAM A, , ,	l) or Full O	rganization Name		Date of	f Re	eceip	ot	_	_	_	_
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NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorp	porated PAC (l	Jnited for Health)	
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Primary General Other (specify) ▼		458.00	P/R Deduction (\$97.00 Bi-Weekly)
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			Detailed Summary Page		11a		11b	11c		12	
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Α.	Full Name of Individual (Last, First, Middle Initi STAPLETON, KIRK E, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
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В.	Full Name of Individual (Last, First, Middle Initi ERICKSON, KAREN L, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				м м 09	/	30	/ Y)12	Y
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	Mailing Address 9900 Bren Road East				м м 09	/	D 3	BO	/ Y	2012	Y
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	UnitedHealth Group Incorporated	`		alth)							
Α.	Full Name of Individual (Last, First, Middle Initia HUGHES, RICHARD J, , ,	l) or Full O	ganization Name			Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East	-				м м 09	/	D D D 30	/ Y	y y 2012	Y
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or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)												
Full Name of Individual (Last, First, Mic A. MATUSHAK, JAY S, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y Y 2012											
City	State	Zip Code	Transaction ID : PR1596304628679											
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		78.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼	-											
Primary General Other (specify) ▼		330.00	P/R Deduction (\$39.00 Bi-Weekly)											
Full Name of Individual (Last, First, Mid B. MORNESS, CAROL B, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			09 30 2012											
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Mic C. SCHUMACHER, DANIEL J, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt											
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group CFO	Memo Item											
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Primary General Other (specify)		261.11	P/R Deduction (\$115.00 Bi-Weekly)											
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۹.	Full Name of Individual (Last, First, Middle Initia THEISEN, SCOTT E, , ,	l) or Full Org	anization Name	Date of Receipt										
	Mailing Address 9900 Bren Road East		1	09 30 / Y Y Y Y 2012										
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В.	Full Name of Individual (Last, First, Middle Initia LEWIS, THOMAS D, , ,	l) or Full Org	anization Name	Date of Receipt										
	Mailing Address 9900 Bren Road East			09 30 2012										
	City	State	Zip Code	Transaction ID : PR1596306928679										
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	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item										
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	Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012										
	City	State	Zip Code	Transaction ID : PR1596307028679										
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		220.00										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Treasurer	Memo Item										
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	Other (specify)		2200.00	P/R Deduction (\$110.00 Bi-Weekly)										
	UBTOTAL of Receipts This Page (optional)			335.38										

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United HealthC	loyer (for Individual) Care Services Inc		upation (for Individual) Med Clin Ops	Memo Item												
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B. FLYNN, DIA	Individual (Last, First, Middle ANE BEDNAR, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt									
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		Detailed Summary Page	X 11a	11b 11c	12										
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Mailing Address 9900 Bren Road East			09 30 2012													
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item													
Receipt For:																
Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)													
Full Name of Individual (Last, First, Middle I RENNICK JR, JOHN H, , ,	nitial) or Full O	rganization Name	Date of Receipt													
Mailing Address 9900 Bren Road East			09 30 2012													
City	State	Zip Code	Transaction ID : PR1596316828679													
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period													
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Primary General Other (specify) ▼		384.60	P/R Deduction (\$19.23 Bi-Weekly)													
Full Name of Individual (Last, First, Middle I ROSENTHAL, DANIEL I, , ,	nitial) or Full O	rganization Name	Date of Receipt													
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012													
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Α.	Full Name of Individual (Last, First, Middle Initia RUTH, KEVIN J, , ,	al) or Full O	Organiz	ation Name		Date of	Re	ceipt	t										
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В.	Full Name of Individual (Last, First, Middle Initia STURKEY, DAVID C, , ,	al) or Full O	Organiz	ation Name		Date of	Re	ceipt	t										
	Mailing Address 9900 Bren Road East				09 30 2012														
	City	State		p Code	Transaction ID : PR1596318428679														
	Minnetonka	MN		55343-9664	Amount of Each Receipt this Period														
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	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Acct Mgmt	Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-te	D-Date ▼ 702.00	P	/R Ded	uctio	on (\$	39.00) Bi-We	ekly	()							
с.	Full Name of Individual (Last, First, Middle Initia THOMAS, ROXANNE, , ,	al) or Full O	rganiz	ation Name		Date of	Re	ceipt	t										
	Mailing Address 9900 Bren Road East					^M 09	/		30 ^D	/ Y	20	12 [°]							
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	FEC ID number of contributing federal political committee.	С						<u>y</u>		y		23.0	8						
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	(for Individual)		M	emo	lten	n										
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	D-Date ▼ 230.80	F	P/R Ded	ucti	on (\$	S11.54	4 Bi-We	eekly	()							
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	NAME OF COMMITTEE (In Full)																	
]	UnitedHealth Group Incorporate	d PAC (l	Uni	ited for Health)														
A.	Full Name of Individual (Last, First, Middle Initia TODD, JEFFREY ALAN, , ,	al) or Full O	rgar	nization Name	[Date of	f Re	eceip	ot									
	Mailing Address 9900 Bren Road East					09 / D D / Y Y Y Y 09 30 / 2012												
	City	State		Zip Code	Transaction ID : PR1596319028679													
	Minnetonka	MN		55343-9664	A	Amoun	t of	Eac	ch Re	ceipt thi	is Period							
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	Name of Employer (for Individual) United HealthCare Services Inc	ion (for Individual) erwriting	Memo Item															
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	Primary General Other (specify) ▼		-	500.00	P	/R Dec	lucti	ion (\$25.0	0 Bi-We	ekly)							
в.	Full Name of Individual (Last, First, Middle Initia WASSERSTEIN, M LAURIE, , ,	al) or Full O	rgar	nization Name		Date of	f Re	eceip	ot									
	Mailing Address 9900 Bren Road East					м м 09	/	D	3 0	/ Y	y 2012	Y						
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	Minnetonka	MN		55343-9664	/	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			38.46													
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) VP Acct Mgmt		Μ	emo	o Ite	m									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 403.83	P/	/R Ded	lucti	on (\$19.2	3 Bi-We	ekly)							
С.	Full Name of Individual (Last, First, Middle Initia WERLEY, MYRON R, , ,	al) or Full O	rgar	nization Name	[Date of	f Re	eceip	ot									
	Mailing Address 9900 Bren Road East					^M 09	J.	L	30 ^D		2012 [°]							
	City Minnetonka	State MN		Zip Code 55343-9664							81962867							
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	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 325.00	P	/R Dec	ducti	ion ((\$20.0	0 Bi-We	eekly)							
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				rson for the purpose of soliciting contributions to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full)																
/ UnitedHealth Group Inc	orporated PAC (United for Health)														
Full Name of Individual (Last, First, DODDY, JOHN P, , ,		rganization Name		Date of	Re	ceipt										
Mailing Address 9900 Bren Road E	1			^M 09	/	D 30			2012	Y						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Info Tech		Me	emo	Item										
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Full Name of Individual (Last, First, B. MICHAUX, MICHAEL D, , ,	, Middle Initial) or Full C	rganization Name		Date of	Re	ceipt										
Mailing Address 9900 Bren Road E	ast			м м 09	/	30			2012	Y						
City	State	Zip Code		Trans	acti	on ID :	PR160	0598	52867	9						
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\backslash	NAME OF COMMITTEE (In Full)																
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Α.	Full Name of Individual (Last, First, Middle Initia PETERSON, MATTHEW W, , ,	al) or Full O	rganizat	on Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East					м м 09	1	30) / Y	y y 2012	Y						
	City	State	· · ·	Code		Transaction ID : PR1602669928679											
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В.	Full Name of Individual (Last, First, Middle Initia MALONEY, JEFFREY W, , ,	al) or Full Oi	rganizat	on Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East					м м 09	1	30) / Y	2012	Y						
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				ailed Summary Page		11a		11b	11c	12							
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or	for commercial purposes, other than using the																
\setminus	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporate	`		•													
Α.	Full Name of Individual (Last, First, Middle Initi KENNEDY, WILLIAM F, , ,	ial) or Full O)rganiza	ation Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East					м м 09	/	30	/ Y	ү ү 2012	Y						
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	Mailing Address 9900 Bren Road East					м м 09	_	D D D 30	/ Y	ү ү 2012	Y						
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Ĺ	UnitedHealth Group Incorporated	d PAC (l	Uni	ted for Health)													
Α.	Full Name of Individual (Last, First, Middle Initia JACQUES, ALISTAIR D, , ,	al) or Full Or	rgan	ization Name	[Date of	f Re	eceipt									
	Mailing Address 9900 Bren Road East					м м 09	/		р 30	/ Y	y y 2012	Ŷ					
	City	State		Zip Code		Trans	act	ion II) : F	R16534	4522867	'9					
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В.	Full Name of Individual (Last, First, Middle Initia SULLIVAN, DANIEL T, , ,	al) or Full Or	rgan	ization Name		Date of	f Re	eceipt									
	Mailing Address 9900 Bren Road East					м м 09		D	в ВО	/ Y	y y 2012	Y					
	City	State		Zip Code		Transaction ID : PR1653445828679											
	Minnetonka	MN		55343-9664	/	Amount of Each Receipt this Period											
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) roj Mgmt		М	emo	b Item	ı								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.80	P/	/R Ded	lucti	on (\$	11.5	i4 Bi-We	ekly)						
с.	Full Name of Individual (Last, First, Middle Initia CORBIN, ELIZABETH DARCIE, D., ,	al) or Full Or	rgan	ization Name		Date of	f Re	eceipt									
	Mailing Address 9900 Bren Road East					^M 09			30 D		2012 Y						
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۹.	Full Name of Individual (Last, First, Middle Ini SNOWDEN, MILES S, , Mr.,	itial) or Full O)rgai	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 9900 Bren Road East					09 / D D / Y Y Y Y Y 2012												
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	Mailing Address 9900 Bren Road East				Date of Receipt													
	City	State		Zip Code		Transaction ID : PR1806441628679												
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	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) zation Mgmt		Memo Item												
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с.	Full Name of Individual (Last, First, Middle Ini TALAMANTES, WILLIAM, , ,	itial) or Full O)rgai	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 9900 Bren Road East					^M 09	/	′	30		/ Y		12 [°]	Y				
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Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ARCHER, LORI A, , ,				Date of Receipt							
	Mailing Address 9900 Bren Road East				09 30 2012							
	City	State Zip Code MN 55343-9664			Transaction ID : PR1806750128679							
	Minnetonka				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			23.08							
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Prov Svc				Memo Item						
	Receipt For:	Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼		230.80] P	P/R Deduction (\$11.54 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name EMERSON, PAUL M, , ,				Date of Receipt							
	Mailing Address 9900 Bren Road East				09 30 2012							1
	City	State	Zip Code		Trans	acti	ion ID	: P	R18067	50328	679	
	Minnetonka	MN	55343-9664	/	Amount	of	Each	Re	ceipt th	is Peri	bd	
	FEC ID number of contributing federal political committee.	C			76.92							
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment CFO			Me	emc	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 769,20				P/R Deduction (\$38.46 Bi-Weekly)						
<u></u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ANDERSON, CATHERINE K, , ,					Re	eceipt					
	Mailing Address 9900 Bren Road East				09 30 2012							
	City	State	Zip Code		Trans	act	ion ID) : F	PR1903	550728	679	
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	Receipt For:	Aggregate	Year-to-Date ▼									
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NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorpora	ted PAC (United for Health)							
A. BISHOP, KATHLEEN L, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BISHOP, KATHLEEN L, , ,								
Mailing Address 9900 Bren Road East	09 / 0 / Y Y Y Y Y 2012								
City	State	Zip Code	Transaction ID : PR1903560828679						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item						
Receipt For:	Receipt For: Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. DUFEK, ROBERT J, , ,	III Name of Individual (Last, First, Middle Initial) or Full Organization Name DUFEK, ROBERT J, , ,								
Mailing Address 9900 Bren Road East	09 30 2012								
City	State Zip Code		Transaction ID : PR1903577128679						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00 Memo Item						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. EDBERG, SUSAN B, , ,	Date of Receipt								
Mailing Address 9900 Bren Road East	09 30 2012								
City	State	Zip Code	Transaction ID : PR1903578128679						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item						
Receipt For:		Year-to-Date ▼							
Primary General Other (specify)		2000.00	P/R Deduction (\$100.00 Bi-Weekly)						
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SCHEDULE A (FEC Form 3X)

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	ine name and a	doress of any political committe	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	stad DAC (United for Lealth)								
/ UnitedHealth Group Incorpora	aled PAC (United for Health)								
Full Name of Individual (Last, First, Middle JOHNSON, CHRISTOPHER T , , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East	g Address 9900 Bren Road East									
City State		Zip Code	Transaction ID : PR1903591128679							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		78.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
United HealthCare Services Inc										
Receipt For:										
Primary General			P/R Deduction (\$39.00 Bi-Weekly)							
Other (specify) v		780.00								
Full Name of Individual (Last, First, Middle B. PENN, STEVEN F, , ,	Date of Receipt									
Mailing Address 9900 Bren Road East	09 30 / Y Y Y Y 2012									
City	State	Zip Code	Transaction ID : PR1903612928679							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc	Memo Item									
Receipt For:										
Primary General	riggrogato		P/P Doduction (\$14.00 Pi Wookh)							
Other (specify) v		238.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. SANTELLI, JOHN C, , ,	Date of Receipt									
Mailing Address 9900 Bren Road East	09 30 / Y Y Y Y 09 2012									
City	State	Zip Code	Transaction ID : PR1903622028679							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ů – Li – L									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CIO	Memo Item							
Receipt For:										
Other (specify)		2000.00	P/R Deduction (\$100.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			306.00							
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\mathbb{Z}	UnitedHealth Group Incorporate	d PAC (I	United for Health)													
Α.	Full Name of Individual (Last, First, Middle Initi WEYMOUTH, PAUL D, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East				м м 09	/	D 30		/ Y	ү 20	012	Y				
	City	State	Zip Code		Trans	acti	ion ID	: PI	R19036	369	28679	•				
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	FEC ID number of contributing federal political committee.	С						_	-y	_	38.4	6				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance		M	emo	Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
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В.	Full Name of Individual (Last, First, Middle Initi JAMIAN, PAMELA, , ,	rganization Name	Date of Receipt													
	Mailing Address 9900 Bren Road East				09	/	D 30		/ Y	ү 20)12	Y				
	City	State	Zip Code		Trans	acti	on ID :	: PF	R19104	174	28679					
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	FEC ID number of contributing federal political committee.	С					-	_	-9	_	23.0	8				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Service		M	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80] P	/R Ded	uctio	on (\$11	1.54	1 Bi-We	ekly	y)					
с.	Full Name of Individual (Last, First, Middle Initi ALLEN, BRADLEY E, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East				^M 09	/	D 30		/ Y)12 [°]	Y				
	City	State	Zip Code		Trans	acti	ion ID	: PI	R21194	668	32867	9				
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\rangle	NAME OF COMMITTEE (In Full)		· ا به ا	od for Llos 141-)															
/	UnitedHealth Group Incorporated	``																	
Α.	Full Name of Individual (Last, First, Middle Initia BENNETT, RUSSELL A, , ,	l) or Full Or	rgani	ization Name		Date o	f Re	ceipt											
	Mailing Address 9900 Bren Road East	-	,			м м 09	'		30	/ Y	2012		ſ						
	City Minnetonka	State MN	Ţ	Zip Code 55343-9664						PR21194									
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	Primary General Other (specify) ▼		,	3840.00	Р.	/R Dec	lucti	ion (\$	192.	.00 Bi-W	'eekly))							
С.	Full Name of Individual (Last, First, Middle Initia BRYAN, KATHIE L, , ,	l) or Full Or	Irgani	zation Name		Date o	f Re	ceipt											
	Mailing Address 9900 Bren Road East					09 ^M		D	30	/ Y	2012								
	City Minnotonka	State		Zip Code						PR21194									
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu Assc		N	lemo	o Iten	n												
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		Detailed Summary Page	13 14 15 16 17													
			person for the purpose of soliciting contributions e to solicit contributions from such committee.													
NAME OF COMMITTEE (In Full)																
UnitedHealth Group Incorpor		-														
Full Name of Individual (Last, First, Middle A. CAMPBELL, COLLEEN, , ,	e Initial) or Full O	rganization Name	Date of Receipt													
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y Y 09 30 2012													
City	State	Zip Code	Transaction ID : PR2119469928679													
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		30.00													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clin Qlty	Memo Item													
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi-Weekly)													
Full Name of Individual (Last, First, Middle B. CARLSON, DAVID S, , ,	e Initial) or Full O	rganization Name	Date of Receipt													
Mailing Address 9900 Bren Road East			09 30 2012													
City	State	Zip Code	Transaction ID : PR2119470228679													
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		40.00													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Rsch	Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)													
Full Name of Individual (Last, First, Middle C. CARTER, LESLIE J, , ,	e Initial) or Full O	rganization Name	Date of Receipt													
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 30 / 2012													
City	State	Zip Code	Transaction ID : PR2119470328679													
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period													
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1920.00	P/R Deduction (\$96.00 Bi-Weekly)													
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		262.00													

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	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (l	United for Health)								
Α.	Full Name of Individual (Last, First, Middle Initia CORREIA, RANDELL J, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 09	1	D 30		/ Y	y y 2012	Y
	City	State	Zip Code		Trans	act	ion ID	: P	R21194	7132867	9
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ops		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		600.00	P	ekly)						
В.	Full Name of Individual (Last, First, Middle Initia CROSS, RICHARD A, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 9900 Bren Road East				м м 09	/	D 30		/ Y	y y 2012	Y
	City	State	Zip Code		Trans	acti	ion ID	:Р	R21194	7182867	9
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С.	Full Name of Individual (Last, First, Middle Initia DAVIS, KENNETH R, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 9900 Bren Road East	-			^M 09	1	D 3(/ Y	2012 Y	Y
	City Minnetonka	State MN	Zip Code 55343-9664							7252867	
			00040-9004	/	Amount	tof	Each	Re	ceipt thi	s Period	
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	for commercial purposes, other than using the r																
	NAME OF COMMITTEE (In Full)																
/	UnitedHealth Group Incorporated	I PAC (L	Inited for Health)														
A.	Full Name of Individual (Last, First, Middle Initia DAYAN, LINDA M, , ,	l) or Full Or	ganization Name	[Date of	Re	eceipt										
	Mailing Address 9900 Bren Road East				м м 09	1	D D D 30	/ Y	y y 2012	Y							
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	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) f of Staff		Me	emc	ltem										
	Receipt For:	Aggregate '	Year-to-Date 🔻														
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$19.00 Bi-Weekly)													
B.	Full Name of Individual (Last, First, Middle Initia DEMBROSKI, TODD J, , ,	l) or Full Or	ganization Name	Date of Receipt													
	Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 09 30 2012													
	City	State	Zip Code		Trans	acti	on ID :	PR21194	7282867	9							
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с.	Full Name of Individual (Last, First, Middle Initia GIAMBRONE, ANGELO, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt										
	Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	2012 [°]	Y							
	City Minnetonka	State MN	Zip Code 55343-9664		Trans	act	ion ID :	PR21194	7512867	9							
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A.	Full Name of Individual (Last, First, Middle Initia GILDERNICK, AMY J, , ,	al) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	ү 20)12	Y						
	City	State	Zip Code		Trans	acti	on ID : I	PR2119	4752	28679)						
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	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi-Weekly)													
B.	Full Name of Individual (Last, First, Middle Initia HANSEN, DAVID M, , ,	rganization Name	Date of Receipt														
	Mailing Address 9900 Bren Road East		Date of Receipt 09 30 2012 Transaction ID : PR2119476728679														
	City	State	Zip Code		Trans	acti	on ID : F	PR21194	1767	28679							
	Minnetonka	MN	55343-9664	/	Amount	of	Each Re	eceipt th	is P	eriod							
	FEC ID number of contributing federal political committee.	С					.			270.0	0						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		2700.00	P	/R Ded	uctio	on (\$135	.00 Bi-V	Veek	ly)							
с.	Full Name of Individual (Last, First, Middle Initia HO, SAMUEL W, , ,	al) or Full O	rganization Name		Date of	Re	ceipt										
	Mailing Address 9900 Bren Road East				^M 09	1	30	/ Y	20	12							
	City	State	Zip Code		Trans	acti	ion ID :	PR2119	4779	28679	•						
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	Mailing Address 9900 Bren Road East					^M 09	/	D 30		/ Y	Y 20)12	Y
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В.	Full Name of Individual (Last, First, Middle Initi JEFFREY, BRIAN, , ,	al) or Full O	rga	nization Name		Date o	f Re	eceipt					
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initi JONES, JOHN D, , ,	al) or Full O	rga	nization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					м м 09	/	D 30		/ Y)12 [°]	Y
	City	State		Zip Code		Trans	act	ion ID	: P	R21194	1792	228679	Ð
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2	UnitedHealth Group Incorporated	d PAC (l	Jnited	for Health)			-		-			-						
Α.	Full Name of Individual (Last, First, Middle Initia KNUTSON, MARK C, , ,	al) or Full Oi	rganizatic	n Name		Date of	Re	ceipt										
	Mailing Address 9900 Bren Road East					09] ′	D 30		/ Y	2012							
	City Minnetonka	State MN	Zip C							R21194			_					
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NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ated PAC (United for Health)	
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Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 2012
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	Mailing Address 9900 Bren Road East					^M 09	1		30	/ Y		12	Y
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	Minnetonka	MN	5	5343-9664		Amoun	t of	Ea	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		-7-	_	100.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation Actuary	(for Individual)		M	lemc	o Ite	em				
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	Primary General Other (specify) ▼		-	1000.00] '	P/R Deo	ducti	ion	(\$50.0	00 Bi-We	eekly	()	
В.	Full Name of Individual (Last, First, Middle In SPIVACK, DAVID A, , ,	itial) or Full O	rganizat	tion Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					09	/	Γ	30	/ Y	20 ⁻	12 12	Ŷ
	City	State	·	Code		Trans	acti	ion	ID : F	R21628	3676	28679)
	Minnetonka	MN	5	5343-9664		Amoun	t of	Ea	ch Re	ceipt th	is Pe	eriod	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation P Bus O	(for Individual) ps		M	lemc	o Ite	em				
	Receipt For:	Aggregate	Year-to-	Date V									
	Primary General Other (specify) ▼		, .	3846.00	י [P/R Dec	ducti	on	(\$192	.30 Bi-W	Veekl	ly)	
— c.	Full Name of Individual (Last, First, Middle In LEWIS, KURT C, , ,	itial) or Full O	Irganizat	tion Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 09		_	30	/ Y	ې 20	12 [°]	Y
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	Name of Employer (for Individual) United HealthCare Services Inc		•	(for Individual)		N	lemo	o Ite	em				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)							
Α.	Full Name of Individual (Last, First, Middle Initi GIBSON, CHRISTINE W, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				м м 09	1	D D 30	/ Y	y y 2012	Ŷ
	City	State	Zip Code	_	Trans	acti	ion ID : F	R22251	6672867	9
	Minnetonka	MN	55343-9664	/	Amount	t of	Each Re	ceipt th	is Period	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strat Initi		Me	emc	tem			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2307.60	P.	/R Ded	lucti	on (\$115	.38 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initi SLAVITT, ANDREW M, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				м м 09		30	/ Y	y y 2012	Y
	City	State	Zip Code		Trans	acti	on ID : F	R22251	6742867	9
	Minnetonka	MN	55343-9664	A	Amount	t of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С							499.	90
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) um Exec		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P	/R Ded	ucti	on (\$0.00) Bi-Wee	kly)	
с.	Full Name of Individual (Last, First, Middle Initi BEAULE, JEAN-FRANCOIS, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				^M 09	/	30	/ Y	y y 2012	Ŷ
	City	State MN	Zip Code 55343-9664		Trans	act	ion ID : F	PR22258	81362867	9
	Minnetonka	IVIIN	55343-9664	/	Amount	t of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_	_	,		115.	40
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1154.00	P	/R Ded	lucti	ion (\$57.7	70 Bi-We	eekly)	
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Primary General Other (specify) ▼		300.00	•	P/R Ded	ucti	on (\$′	15.0	00 Bi-W	eekly	y)	
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Mailing Address 9900 Bren Road East				м м 09	/	D 3	D 0	/ Y)12	Y
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Mailing Address 9900 Bren Road East				^M 09	/	De	во ВО	/ Y)12 [°]	Ŷ
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$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (L	Inited for Health)													
A.	Full Name of Individual (Last, First, Middle Initia RYAN, JOHN D, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East				^M 09	/	D 30		/ Y	2012	/ Y					
	City	State	Zip Code		Trans	act	ion ID	: P	R22258	819628	679					
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	Primary General Other (specify) ▼		769.20	P	P/R Ded	ucti	ion (\$3	8.4	6 Bi-We	ekly)						
	Full Name of Individual (Last, First, Middle Initia SAILOR, ROY THOMAS, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East				м м 09	1	3		/ Y	2012		1				
	City	State	Zip Code	Transaction ID : PR2225819728679 Amount of Each Receipt this Period												
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1538.40	P	/R Ded	ucti	on (\$7	6.9	2 Bi-We	ekly)						
С.	Full Name of Individual (Last, First, Middle Initia CORNE, MICHAEL LEE, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East				^M 09	1	D 30		/ Y	2012						
	City	State	Zip Code		Trans	act	ion ID	: P	R22313	846928	679	_				
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	Name of Employer (for Individual) Golden Rule Financial Corp.		pation (for Individual) egl Affs		M	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00] F	P/R Ded	lucti	ion (\$1	4.0	00 Bi-We	eekly)						
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2	UnitedHealth Group Incorporated	•					-				-	-				
Α.	Full Name of Individual (Last, First, Middle Initia DIPALMO, KAREN A, , ,	1) or Full Oi	rganization Name			Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				09 30 2012 Transaction ID : PR2231347228679											
	City Minnetonka	State MN	Zip Code 55343-9664	_												
			JJJ343-9004		-	Amouni	t of	Each R	Receipt thi	is Perio	d	_				
	FEC ID number of contributing federal political committee.	С			60.00											
	Name of Employer (for Individual) Golden Rule Financial Corp.		ıpation (for Individual) Itwk Prgms			M	emc	o Item								
	Receipt For:	Aggregate	Year-to-Date ▼		7											
	Primary General Other (specify) ▼		600.00	0	P/R Deduction (\$30.00 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initia FOWLER, SUSAN A, , ,	เl) or Full Oı	ganization Name			Date of	i Re	eipt								
	Mailing Address 9900 Bren Road East					09	_	30) / Y	y y 2012	Y					
	City	State	Zip Code			Trans	acti	ion ID :	PR22313	497286	79					
	Minnetonka	MN	55343-9664			Amount	t of	Each R	Receipt thi	is Perio	d					
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	Name of Employer (for Individual) Golden Rule Financial Corp.		upation (for Individual) UHO SIs			M	emc	o Item								
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) V		, 300.00	P/R Deduction (\$15.00 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initia MUDGETT, DONALD M, , ,	I) or Full OI	ganization Name			Date of	i Re	eipt								
	Mailing Address 9900 Bren Road East					^M 09	J.	30		2012 [°]						
	City Minnetonka	State MN	Zip Code 55343-9664		<u> </u>				PR22313							
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			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	orated PAC (L	Inited for Health)										
Full Name of Individual (Last, First, Midd A RICHEY, DARRELL S, , ,	le Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 30 / 2012									
City	State	Zip Code	Transaction ID : PR2231352328679									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) Golden Rule Financial Corp.		pation (for Individual) ity Gen Counsel Mgr	Memo Item									
Receipt For:	Aggregate '	Year-to-Date ▼	7									
Primary General Other (specify) ▼		1360.00	P/R Deduction (\$80.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd B. CONNLY, MICHAEL R, , ,	le Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			09 30 2012									
City	State	Zip Code	Transaction ID : PR2247625828679									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) f Tech Off	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd C. CARCIONE JR, JOSEPH R, , ,	le Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			09 30 2012									
City	State	Zip Code	Transaction ID : PR2247626828679									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		115.40									
Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	pation (for Individual) Dir	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1154.00	P/R Deduction (\$57.70 Bi-Weekly)									
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			Detailed Summary Page		-		11b	110	;	12					
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\backslash	NAME OF COMMITTEE (In Full)					_			_						
2	UnitedHealth Group Incorporated	PAC (U	Inited for Health)			-			-						
	Full Name of Individual (Last, First, Middle Initial) KANTOLA, KEVIN DAVID, , ,	or Full Or	ganization Name	[Date of	f Re	ceipt								
	Mailing Address 9900 Bren Road East				09		D 30)		ү ү 2012					
	City Minnetonka	State MN	Zip Code					: PR224							
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	Full Name of Individual (Last, First, Middle Initial) O'BRIEN, DENNIS P, , ,	or Full Or	ganization Name		Date of	f Re	ceipt								
	Mailing Address 9900 Bren Road East				09		D 30			y y 2012	Y				
	City	State	Zip Code		Trans	acti	on ID :	: PR224	1762	732867	9				
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С.	Full Name of Individual (Last, First, Middle Initial) VERNEY, JEFFERY RICHARD, , ,	or Full Or	ganization Name		Date of	f Re	ceipt								
	Mailing Address 9900 Bren Road East				^M 09		30			y y 2012	Y				
	City Minnetonka	State MN	Zip Code 55343-9664					: PR22							
			JJJ4J-9004		Amount	t of	Each F	Receipt	this	Period					
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Α.	Full Name of Individual (Last, First, Middle Initia BROOKS, DARRELL, , ,	al) or Full Or	rganization Name			Date of	f Re	eceipt	_							
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В.	Full Name of Individual (Last, First, Middle Initia GARODIA, SANJAY, , ,	al) or Full Or	rganization Name			Date of	f Re	eceipt								
	Mailing Address 9900 Bren Road East					^M 09	/		р 30	/ Y	2012	Y				
	City	State	Zip Code			Trans	acti	ion IC) : P	R22476	2782867	'9				
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) DIBS		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.	P/R Deduction (\$38.46 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia OHMAN, DANIEL L, , ,	al) or Full Or	rganization Name		1	Date of	f Re	eceipt								
	Mailing Address 9900 Bren Road East					^M 09			30 ^D		2012 Y					
	City	State MN	Zip Code 55343-9664								52802867	-				
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	UnitedHealth Group Incorporate		United for Health)											
Α.	Full Name of Individual (Last, First, Middle Init CRUMBAUGH, JEFFREY J, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				09 30 2012									
	City	State MN	Zip Code		Trans	act	ion ID : F	R22596	3522867	9				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A.BECKER, JAMES H, ., Mailing Address 9900 Bren Road East Date of Receipt City Minnetonka MN Zip Code Manue of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$153.82 Primary General Other (specify) ▼ Date of Receipt Mailing Address 9900 Bren Road East C Memo Item P/R Deduction (\$153.82 P/R Deduction (\$153.82 P/R Deduction (\$153.82 FEC ID number of contributing federal political committee. C Mailing Address 9900 Bren Road East C Mailing Address 9900 Bren Road East C Mailing Address 9900 Bren Road East P/R Deduction (\$153.82 City Mailing Address 9900 Bren Road East C Memo Item Mailing Address 9900 Bren Road East Siste Zip Code Mount of	 1 such (240244 240244 5 Bi-We 2402444 	committe 2012 5128679 307.70 eekly) 2012 5228679	e. Y									
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Primary General Other (specify) 1300.00	Bi-Wee	ekly)										
SUBTOTAL of Receipts This Page (optional)	, , , ,	637.70	D									

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	rated PAC (I	United for Health)	
Full Name of Individual (Last, First, Midd A. LARSEN, JOHN L, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402445628679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		386.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3860.00	P/R Deduction (\$193.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd HIGA, JOY O, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	09 / 30 / 2012
Minnetonka	MN	55343-9664	Transaction ID : PR2402446228679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. JINDAL, SOHINI G, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 / 30 / 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402446328679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Rel Dir	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)
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				etailed Summary Page		(11a		11b		11c	12		
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\backslash	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	d PAC (I	Uni	ted for Health)									
Α.	Full Name of Individual (Last, First, Middle Initi PETRELLA, RUSSELL C, , ,	al) or Full O	Organ	ization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					09	/		D 0	/ Y	2012		7
	City	State		Zip Code		Trans	sact	ion ID) : P	R24024	46428	679	
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	Primary General Other (specify) ▼		-	1800.00	F	P/R Dec	ducti	ion (\$´	100.	00 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Initi ALEXANDER, CORY, , ,	al) or Full O	Drgan	ization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					м м 09	/	D 3	р 80	/ Y	2012		
	City	State		Zip Code		Trans	acti	ion ID	: P	R24054	28828	679	
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	FEC ID number of contributing federal political committee.	С						-		-	38	4.60)
	Name of Employer (for Individual) United HealthCare Services Inc		cupati Gov'	on (for Individual) t Rel		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 3846.00	F	P/R Dec	lucti	ion (\$1	192.	30 Bi-W	'eekly)		
с.	Full Name of Individual (Last, First, Middle Initi STEVENS, JOSEPH R, , ,	al) or Full O	Drgan	ization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					^M 09	1	D	BO	/ Y	2012		
	City	State MN		Zip Code 55343-9664						R24054			
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	Other (specify)		-	952.00		P/R Deo	duct	ion (\$4	47.6	i0 Bi-We	eekly)		
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\sum	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)												
Α.	Full Name of Individual (Last, First, Middle Initi ARMSTEAD, RODNEY CHARLES, , ,	al) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			09 / D / Y Y Y Y 2012											
	City	State MN	Zip Code 55343-9664	Transaction ID : PR2405430228679											
	Minnetonka		00040-0004	Amount of Each Receipt this Period											
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (upation (for Individual) Ops	Memo Item											
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	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initi SAELENS, KAREN ANN, , ,	al) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			09 30 2012											
	City	State	Zip Code	Transaction ID : PR2408544828679											
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		40.00											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initi WEE, KATHLYN G, , ,	al) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y											
	City	State	Zip Code	Transaction ID : PR2408545028679											
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Rel Dir	Memo Item											
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\backslash	NAME OF COMMITTEE (In Full)									
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Α.	Full Name of Individual (Last, First, Middle Initial KOZIARA BOUDREAUX, GAIL, KOZIARA,	,	rganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				^M 09	/	D D D 30	/ Y	2012 Y	Y
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	Primary General Other (specify) ▼		3846.20] F	P/R Ded	ucti	on (\$192	2.31 Bi-V	Veekly)	
в.	Full Name of Individual (Last, First, Middle Initial CORZINE, JEFFREY SEAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				м м 09	/	30	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	on ID : I	PR2437 [.]	1197286	79
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с.	Full Name of Individual (Last, First, Middle Initial JOHNSON-MILLS, RITA FAYE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR2437	1201286	79
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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	solicitin		ntribut						
	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporate	d PAC (l	United for Health)													
Α.	Full Name of Individual (Last, First, Middle Initia LIVINGSTON, DAVID K, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East				M M 09	1	30		Y 20	012	Ŷ					
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	Primary General Other (specify) ▼		1940.00	 P	P/R Ded	lucti	ion (\$97	.00 Bi-W	/eekl	y)						
В.	Full Name of Individual (Last, First, Middle Initia WEISS, JACK S, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East				^M 09	1	30)12	Y					
	City	State	Zip Code		Trans	acti	ion ID :	PR2437	1205	528679)					
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO		M	emo	o Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		500.00	P	/R Ded	uctio	on (\$25	.00 Bi-W	'eekl	y)						
с.	Full Name of Individual (Last, First, Middle Initia BALTHAZOR, PAUL JOSEPH, , ,	al) or Full O	rganization Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East				м м 09	L.	30	JL	20	012 [°]						
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or	y information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
\sum	UnitedHealth Group Incorporate	ed PAC (I	Uni	ited for Health)												
Α.	Full Name of Individual (Last, First, Middle Init CLARK, KELLY L, , ,	tial) or Full O	rgar	nization Name		Date of	Re	eceip	ot							
	Mailing Address 9900 Bren Road East					09 / D D / Y Y Y Y 2012										
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	Full Name of Individual (Last, First, Middle Init PRESTON, ROBERT S, , ,	tial) or Full O	rgar	nization Name		Date of	Re	eceip	ot							
	Mailing Address 9900 Bren Road East					м м 09	1	D	30	/ Y	20	ү 12	Y			
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	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) prations		Me	emo	b Ite	m							
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с.	Full Name of Individual (Last, First, Middle Init NESS, LAURA L, , ,	tial) or Full O	rgar	nization Name		Date of	Re	eceip	ot							
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	Mailing Address 9900 Bren Road East				^M 09	/	D 3(/ Y	ү 2(ү 012	Y	
	City	State	Zip Code		Trans	acti	ion ID	: P	R2437	1216	62867	Ð	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 932.00	P/R Deduction (\$115.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia LIPPERT, ROBIN E, , ,	al) or Full O	organization Name		Date of	Re	eceipt						
	Mailing Address 9900 Bren Road East				^M 09	1	D 3		/ Y)12 [°]	Y	
	City	State MN	Zip Code						R2439			9	
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NAME OF COMMITTEE (In Full)					-				-				
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Α.	Full Name of Individual (Last, First, Middle Initi HIRSH, LILLI ANN, , ,	ial) or Full O)rgai	nization Name		Date c	of Re	ece	eipt					
	Mailing Address 9900 Bren Road East					^M 09	/	I	D D 30] '	/ Y)12	Ŷ
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Capital Partner Mgr		N	lemo	o l'	tem					
	Receipt For:			ir-to-Date ▼										
	Primary General Other (specify) ▼			280.00] F	P/R De	ducti	ior	n (\$14.	.00	Bi-We	ekly	y)	
в.	Full Name of Individual (Last, First, Middle Initi DUHAIME, MARK J, , ,	ial) or Full O)rgai	nization Name		Date c	of Re	ece	eipt					
-	Mailing Address 9900 Bren Road East					M 09		ſ	D D D 30		/ Y		12 12	Y
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	Minnetonka	MN		55343-9664		Amour	it of	Ea	ach R	ece	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,			-7-		78.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Tech		N	lemo	o l'	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 780.00	F	P/R Dee	ducti	ion	n (\$39.	00	Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initi LIVERANI, EILEEN J, , ,	ial) or Full O	rga	nization Name		Date c	of Re	ece	eipt					
	Mailing Address 9900 Bren Road East					09	/		D D D 30] '	/ Y)12 12	Ŷ
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	Minnetonka	MN		55343-9664		Amour	it of	Ea	ach R	ece	eipt thi	is P	eriod	
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Service		N	lemo	o I	tem					
	Receipt For:	Aggregate	Yea	ır-to-Date ▼										
	Primary General Other (specify)		-	554.00		P/R De	ducti	ior	n (\$27.	.70	Bi-We	eekl	y)	
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		Detailed Summary Page		13		14		15	16	17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the icit cor	purp ntrib	oose o utions	of sol from	iciting such	contribu commit	tions tee.
NAME OF COMMITTEE (In Full)										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	- [Me	emo	Item				
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Primary General Other (specify) ▼		400.00	P/	R Ded	uctio	on (\$20	0.00	Bi-We	ekly)	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Human Capital		Me	emo	Item				
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Other (specify) ▼		276.00	P/I	R Ded	uctio	on (\$13	3.80	Bi-We	ekly)	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Me	emo	ltem				
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NAME OF COMMITTEE (In Full)														
/ UnitedHealth Group Incorpora	ated PAC (United for Health)												
Full Name of Individual (Last, First, Middle SOLOMON, SHELBY P, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 2012											
City	State	Zip Code	Transaction ID : PR2460167928679											
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FEC ID number of contributing federal political committee.	С		230.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Govt	Memo Item											
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		2300.00	P/R Deduction (\$115.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle 3. PETROVIC, JELKA S, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			09 30 2012											
City	State	Zip Code	Transaction ID : PR2460168028679											
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FEC ID number of contributing federal political committee.	С		40.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item											
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Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle RENFRO, LARRY C, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 / 2012											
City	State	Zip Code	Transaction ID : PR2460168128679											
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHG CEO Optum	Memo Item											
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Primary General	Aggregate		D/D Doduction (\$102.20 Di Wookhu)											
Other (specify)		3846.00	P/R Deduction (\$192.30 Bi-Weekly)											
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\mathbf{i}	IAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporate	d PAC (l	Uni	ted for Health)											
	ull Name of Individual (Last, First, Middle Initia ORBUCH, DAVID B, , ,	al) or Full Oi	rgan	ization Name		ate of	Re	ceij	ot						
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I	Aailing Address 9900 Bren Road East					м м 09	/		30	/	2012				
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Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	-to-Date ▼ 640.00	P/	R Ded	uctic	on (\$32.	00 Bi-V	Veekly)				
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
ight angle UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)	
Full Name of Individual (Last, First, Mide A. GILL, PETER M, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2463724628679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2500.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Corporate Development	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	P/R Deduction (\$2500.00 Bi-Weekly)
Full Name of Individual (Last, First, Mide SCHICK, SUE, , , Mailing Address 9900 Bren Road East	dle Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	09 30 2012 Transaction ID : PR2480620528679
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	P/R Deduction (\$125.00 Bi-Weekly)
Full Name of Individual (Last, First, Mide ABBOTT, CHRISTOPHER MAR		rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2484541528679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Exec	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (I	Unit	ed for Health)								
۹.	Full Name of Individual (Last, First, Middle Initia ANDERSON, JO ANNE M, , ,	al) or Full O	Organi	zation Name		Date of	Re	eceip	pt			
	Mailing Address 9900 Bren Road East					м м 09	/	D	30	/ Y	y y 2012	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2484	54162867	9
	Minnetonka	MN		55343-9664	A	mount	of	Ead	ch Re	ceipt th	is Period	
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	Name of Employer (for Individual) United HealthCare Services Inc		upatio	on (for Individual) ation		Me	emo) Ite	em			
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	Primary General Other (specify) ▼		- J -	1940.00	P	/R Ded	uctio	on ((\$97.0	0 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initia COPPENS, JAMES F, , ,	al) or Full O	Organi	zation Name		Date of	Re	eceip	pt			
	Mailing Address 9900 Bren Road East					м м 09	/	D	30	/ Y	2012	Y
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	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) al Comp		Me	emo) Ite	em			
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с.	Full Name of Individual (Last, First, Middle Initia HECKMAN, LILLIAN R, , ,	al) or Full O	Drgani	zation Name		Date of	Re	eceip	pt			
	Mailing Address 9900 Bren Road East					^M 09	/	D	30	/ Y	2012 Y	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2484	54212867	9
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	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (l	Jnited for Healt	h)											
A.	Full Name of Individual (Last, First, Middle Initial) PHILLIPS, MARK A, , ,) or Full Or	ganization Name			Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East					м м 09	/	D D 30	/ Y	ү 2(ү 012	Y			
	City	State	Zip Code			Trans	acti	on ID : I	PR2484	5426	628679)			
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В.	Full Name of Individual (Last, First, Middle Initial) KUBICKI, JERI G, , ,) or Full Or	ganization Name			Date of	Re	ceipt							
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с.	Full Name of Individual (Last, First, Middle Initial) MANDERFELD, THOMAS B, , ,) or Full Or	ganization Name			Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East					^M 09	/	D D D 30	/ Y)12 [°]	Y			
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	y information copied from such Reports and Sta for commercial purposes, other than using the r											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	UnitedHealth Group Incorporated	-	-									
Α.	Full Name of Individual (Last, First, Middle Initia MCMAHON, DIRK C, , ,	l) or Full O	rganization Name		Date of	f Re	eceip	ot	_	_	_	_
	Mailing Address 9900 Bren Road East				^M 09	1			/ Y			Y
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с.	Full Name of Individual (Last, First, Middle Initia TOOMB, MARTIN C, , ,	l) or Full O	rganization Name		Date of	f Re	eceip	ot				
	Mailing Address 9900 Bren Road East	1			м м 09			30 ^D	/ Y	20	12	
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\backslash	NAME OF COMMITTEE (In Full)												
\sum	UnitedHealth Group Incorporated	PAC (Uni	ted for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia SMITH, KARA V, , ,	l) or Full C	Drgar	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 09	1	Ľ	D D 30	/	ү 2	ү 012	Y
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B.	Full Name of Individual (Last, First, Middle Initia EDWARDS, HYLLIUS R, , ,	l) or Full C	Drgar	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					м м 09	/	Ľ	30	/ Y)12)	Ŷ
	City	State		Zip Code		Trans	acti	ion	ID : P	R2541	3004	128679)
	Minnetonka	MN		55343-9664	A	Amount	t of	Ea	ach Re	ceipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С						-		- 7-		100.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		cupat Govi	ion (for Individual) t Rel		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00	P	′R Ded	uctio	on	(\$50.0	0 Bi-W	'eekl	у)	
с.	Full Name of Individual (Last, First, Middle Initia KING, MATTHEW A, , ,	l) or Full C	Drgar	ization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 09	/	L	30	/	20)12 [°]	
	City	State MN		Zip Code						PR2541			9
	Minnetonka	IVIIN		55343-9664	/	Amount	of	Ea	ach Re	ceipt t	his F	Period	
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	Name of Employer (for Individual) United HealthCare Services Inc		cupati Govt	ion (for Individual) Rel		M	emo	o It	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-	1000.00	Р	/R Ded	lucti	ion	(\$50.0)0 Bi-W	/eek	ly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				,				507.7	0
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			tailed Summary Page	Page X 11a 11b 11c 12 13 14 15 16 17 by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. 10 17									
Δn	v information conject from such Reports and St	atemente ma	av pot	he sold or used by any n	areon	-) of e			-	
	for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (l	Unite	ed for Health)									
Α.	Full Name of Individual (Last, First, Middle Initi VERSAGGI, JOHN, , ,	ial) or Full O	rganiz	ation Name		Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East					^M 09	/	D 3		/ Y	ү 20)12	Y
	City	State	Z	ip Code		Trans	acti	ion ID	: P	R25413	3008	828679)
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	FEC ID number of contributing federal political committee.	С						-		-	Ξ	192.3	2
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt R	n (for Individual) eel		Me	emo	Item					
	Receipt For:	Aggregate	Year-t	o-Date 🔻									
	Primary General Other (specify) ▼			1923.20	P	/R Ded	ucti	on (\$9	6.1	6 Bi-We	ekly	y)	
В.	Full Name of Individual (Last, First, Middle Initi DOHERTY, JOHN F, , ,	ial) or Full O	rganiz	ation Name		Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East					09	/	D 3		/ Y		12	Y
	City	State	Z	ip Code		Trans	acti	on ID	: P	R25420)245	28679	
	Minnetonka	MN		55343-9664		Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		7	_	100.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt F	n (for Individual) Rel		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 1000.00	P	/R Ded	uctio	on (\$5	0.0	0 Bi-We	∍ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initi ONSTOTT, MATTHEW D, , ,	ial) or Full O	Organiz	ation Name		Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East					^M 09	/	D 3		/ Y)12 [°]	Y
	City	State MN		ip Code		Trans	act	ion ID	: P	R25420)246	628679)
	Minnetonka	IVIIN		55343-9664		Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		9	_	40.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt R	n (for Individual) el		M	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 400.00	F	P/R Ded	lucti	on (\$2	0.0	0 Bi-We	eekl	y)	
	UBTOTAL of Receipts This Page (optional)				• -			,			-	332.3	2

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)	
Full Name of Individual (Last, First, Mid AHOSTETLER, BRENDAN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542541928679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Rel Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name of Individual (Last, First, Mid MCMULLEN, JENNIFER L, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y Y 2012
City _Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542542128679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /t Rel Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, Mid RAMSAY, RICHARD E, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542542228679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Rel Dir	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)		210.00
TOTAL This Period (last page this line nu	mber only)	······	

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				Detailed Summary Page	X]11a]11b		11c		12										
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay n Iddre	ot be sold or used by any poss of any political committee	erson fe to sol	or the icit cor	purp ntrib	pose	e of so ns froi	oliciting m such	cor co	ntribut mmitte	ions ee.									
\backslash	NAME OF COMMITTEE (In Full)																					
	UnitedHealth Group Incorporate	d PAC (l	Uni	ted for Health)																		
Α.	Full Name of Individual (Last, First, Middle Initi SPENCER, IPYANA, , ,	al) or Full O	rgar	nization Name		Date of	Re	eceip	ot	15 16 17 of soliciting contributions s from such committee. 17 30 2012 2012 2012 2012 60.00 1 60.00 1 60.00 1 80.00 1 80.00 1 90.00 1												
	Mailing Address 9900 Bren Road East					^M 09	1	D	30	/ Y	Y 20)12	Y									
	City Minnetonka	State MN		Zip Code 55343-9664									9									
	FEC ID number of contributing federal political committee.	С					. 01	7					00									
	Name of Employer (for Individual) United HealthCare Services Inc		upat ⁄t Re	ion (for Individual) I Dir		M	emo	lter	m													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 600.00	P	/R Ded	ucti	on (S	\$30.00) Bi-We	eekly	y)										
в.	Full Name of Individual (Last, First, Middle Initi YAU, ANNE, , ,	al) or Full O	rgar	ization Name		Date of	Re	eceip	ot													
	Mailing Address 9900 Bren Road East					м м 09	1	D	30	/ Y			Y									
	City	State		Zip Code)									
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	FEC ID number of contributing federal political committee.	С						-		-9		30.0	00									
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) el Mgr		M	emo	lter	m													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00	P/	'R Ded	uctio	on (\$	\$15.00) Bi-We	ekly	/)										
С.	Full Name of Individual (Last, First, Middle Initi COMBS, CHANTA G, , ,	al) or Full O	rgar	nization Name		Date of	Re	ceip	ot													
	Mailing Address 9900 Bren Road East					^M 09	/	D	а 30	/ Y			Y									
	City Minnetonka	State MN		Zip Code 55343-9664									9									
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	FEC ID number of contributing federal political committee.	С					_	y		y	_	76.9	92									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Govt	•	ion (for Individual) I Dir		M	emo	b Iter	m													
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 769.20	P	/R Ded	lucti	ion (\$38.46	6 Bi-We	eekl	y)										
s	UBTOTAL of Receipts This Page (optional)			•		-	_	5		9		166.9	2									
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			Detailed Summary Page		11a		11b	11c		12	
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	y information copied from such Reports and Stat for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Jnited for Health)								
Α.	Full Name of Individual (Last, First, Middle Initial BAER, RICHARD N, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	ү 2	012	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR2552	960	52867	9
	Minnetonka	MN	55343-9664	/	Amount	of	Each R	eceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С							_	833.3	34
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Gen Counsel		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) v		2500.02	P	/R Ded	ucti	on (\$416	6.67 Bi-\	Neel	kly)	
В.	Full Name of Individual (Last, First, Middle Initial BROOKS, KEVIN, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				^M 09	/	D D 30	/ Y		012 ^Y	Y
	City	State	Zip Code		Trans	acti	on ID : I	PR2552	961(028679)
	Minnetonka	MN	55343-9664	A	Amount	of	Each R	eceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					-		_	28.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) /ktg/Prod DB		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	/R Ded	uctio	on (\$14.	00 Bi-W	eekl	ı у)	
С.	Full Name of Individual (Last, First, Middle Initial BRUNELL, MARK A, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				^M 09	/	D D D 30	/ Y		012 [°]	Y
	City	State	Zip Code		Trans	act	ion ID :	PR2552	961	22867	9
	Minnetonka	MN	55343-9664	/	Amount	of	Each R	eceipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С				, .	. ,		28.0	00	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Int Svc Acct Mgt		M	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00] P	/R Ded	lucti	on (\$14.	.00 Bi-W	/eeki	ly)	
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			Detailed Summary Page			(11a		11b	110		12	<u> </u>
	y information copied from such Reports and St for commercial purposes, other than using the											
<u>\</u>	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)									
A.	Full Name of Individual (Last, First, Middle Initi BRYANT, JEREMY VAUGHN, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 09	/	30	/	Y	y y 2012	Y
	City	State MN	Zip Code			Trans	acti	ion ID :	PR25	52961	132867	9
	Minnetonka	IVIIN	55343-9664		_	Amount	t of	Each R	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	С						-	-		70.(00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt			M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		700.00		F	P/R Ded	lucti	on (\$35	.00 Bi-	Weel	kly)	
В.	Full Name of Individual (Last, First, Middle Initi EHLMAN, MICHAEL A, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 09	/	30	/		y y 2012	Y
	City	State	Zip Code			Trans	acti	on ID :	PR255	2962	222867	9
	Minnetonka	MN	55343-9664			Amount	t of	Each R	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	С							,		28.0	00
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Apps Dev			M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00)	F	P/R Ded	uctio	on (\$14.	00 Bi-'	Weeł	dy)	
с.	Full Name of Individual (Last, First, Middle Initi FLANNERY, SCOTT F, , ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					^M 09	/	30	1		2012	Y
	City	State MN	Zip Code 55343-9664			Trans	act	ion ID :	PR25	52962	232867	9
	Minnetonka		00040-9004		_	Amount	t of	Each R	eceipt	this	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	,		_	78.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO			M	emc	tem				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		780.00)	F	P/R Ded	lucti	on (\$39	.00 Bi-	Weel	kly)	
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			Detailed Summary Page									
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\backslash	NAME OF COMMITTEE (In Full)											
Ľ	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia GOSS, CYNTHIA L, , ,	al) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 9900 Bren Road East					/			/ Y		Y	
	City	State	Zip Code		Trans	act	ion ID	: P	R25529	6252867	'9	
	Minnetonka	MN	55343-9664	/	Amount	t of	Each	Re	ceipt thi	is Period		
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hith Econ Outc		Me	emc	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) v		280.00] P	/R Ded	lucti	ion (\$1	4.0	00 Bi-We	ekly)		
В.	Full Name of Individual (Last, First, Middle Initia GWINN JR, WILLIAM W, , ,	al) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 9900 Bren Road East				м м 09	/	3		/ Y	y y 2012	Y	
	City	State	Zip Code		Trans	acti	ion ID	: P	R25529	6262867	9	
	Minnetonka	MN	55343-9664	/	Amount	t of	Each	Re	ceipt thi	is Period		
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Rsch Mgmt		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280,80	P	/R Ded	ucti	on (\$1	4.0	4 Bi-We	ekly)		
С.	Full Name of Individual (Last, First, Middle Initia HANNAN, CLAIRE L, , ,	al) or Full Or	rganization Name		Date of	f Re	eceipt					
	Mailing Address 9900 Bren Road East				^M 09	L.	- Line 1	0		2012 ^Y		
	City	State MN	Zip Code 55343-9664							6272867		
	Minnetonka		00040-9004	/	Amount	t of	Each	Re	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С					,		y	78.	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		780.00		P/R Ded	lucti	ion (\$3	39.0)0 Bi-We	eekly)		
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			Detailed Summary Page		11a		11b	11c	12	
Δn	y information copied from such Reports and Sta	atements ma	v not be sold or used by any r		13 or the	 nur	14 pose of	15 soliciting	16 contribu	17 tions
	for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
2	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)							
Α.	Full Name of Individual (Last, First, Middle Initia HERMEL, OREN J, , ,	al) or Full Or	ganization Name	[Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				^M 09	/	D D 30	/ Y	y y 2012	Y
	City	State	Zip Code		Trans	act	ion ID :	PR25529	6282867	9
	Minnetonka	MN	55343-9664	/	Amount	of	Each R	eceipt th	is Period	
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir l	pation (for Individual) Г		Me	emc	ttem			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		280.00] P.	/R Ded	ucti	on (\$14.	00 Bi-We	eekly)	
В.	Full Name of Individual (Last, First, Middle Initia JAMES, GREGORY J, , ,	al) or Full Or	ganization Name		Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	y y 2012	Y
	City	State	Zip Code						6322867	
	Minnetonka	MN	55343-9664	A	Amount	of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		78.	00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	ipation (for Individual) Dir		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/	/R Ded	ucti	on (\$39.	00 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initia JEDLICKA, JARRETT T, , ,	al) or Full Or	ganization Name		Date of	Re	eceipt			
	Mailing Address 9900 Bren Road East				^M 09	1	30	JL	2012 Y	
	City Minnetonka	State MN	Zip Code 55343-9664						96332867	
			00070-0007	A	Amount	of	Each R	eceipt th	is Period	_
	FEC ID number of contributing federal political committee.	С				_		- y	80.	00
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) raffic/Workforce		M	emo	o Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		800.00] P	/R Ded	lucti	ion (\$40	.00 Bi-W	eekly)	
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т	OTAL This Period (last page this line number o	nly)					-			

SCHEDULE A (FEC Form 3X)

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	rated PAC (United for Health)	
Full Name of Individual (Last, First, Middl A. JOHNSON, BRADLEY C, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552963428679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. KEHL, BENJAMIN T, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552963528679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. KIDAMBI, NARASIMHAN, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552963828679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	۲ ۱)		148.00
TOTAL This Period (last page this line num	nber only)	······	

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	EIVIZED RECEIPTS	Detailed Summary						b	11c	12			
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	y information copied from such Reports and for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorpora	ted PAC (I	United for Health)										
۹.	Full Name of Individual (Last, First, Middle II MACLEOD, JULIE K, , ,	nitial) or Full O	Prganization Name		Date of	f Re	ecei	ipt					
	Mailing Address 9900 Bren Road East				^M 09	/	Ľ	30	/ Y	2012	Y		
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nan Capital Partner Mgr		M	emo	o Ite	em					
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3.	Full Name of Individual (Last, First, Middle II MARTO, MICHELLE, , ,	nitial) or Full O	organization Name		Date of Receipt								
	Mailing Address 9900 Bren Road East				м м 09	/	ľ	30	/ Y	y y 2012	Y		
	City	State	Zip Code		Trans	acti	ion	ID : I	PR25529	96472867	9		
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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
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· · ·	o Incorporated PAC (I	,	
A. MCCABE, REBECCA BA		rganization Name	Date of Receipt
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Minnetonka	MN	55343-9664	Transaction ID : PR2552964928679 Amount of Each Receipt this Period
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Full Name of Individual (Last B. PAULUS, LESLIE K, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren R			09 30 / Y Y Y Y 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552965228679 Amount of Each Receipt this Period
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Full Name of Individual (Last C. PEKA, GARY W, , ,	t, First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren F	1		09 / D D / Y Y Y Y Y 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552965328679
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	Jnited for Health)										
-	Full Name of Individual (Last, First, Middle Initial POTTER JR, DONALD W, , ,	•	,		Date of Receipt								
Α.	Mailing Address 9900 Bren Road East				L	M M	_		D	/ Y	Y	Y	Ý
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	Mailing Address 9900 Bren Road East					M 09	1	30	0		201		
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00		P/	/R Ded	lucti	ion (\$3	9.0	00 Bi-We	eekly))	
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\backslash	NAME OF COMMITTEE (In Full)											
]	UnitedHealth Group Incorporate	d PAC (l	Unit	ed for Health)								
Α.	Full Name of Individual (Last, First, Middle Initi STREIT, BARRY R, , ,	ial) or Full O	rgani	zation Name	[Date of	Re	eceipt				
	Mailing Address 9900 Bren Road East					м м 09	/	D 30		/ Y	ү ү 2012	Y
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	Primary General Other (specify) ▼		- J -	312.00	P	/R Ded	ucti	on (\$39	9.00) Bi-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initi TINKER, ANN R, , ,	ial) or Full O	rgani	zation Name		Date of	Re	eceipt				
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	City	State		Zip Code		Trans	acti	on ID :	PR	25529	6682867	9
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С.	Full Name of Individual (Last, First, Middle Initi VANDERHEYDEN, THOMAS C, , ,	ial) or Full O	rgani	zation Name		Date of	Re	eceipt				
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]	UnitedHealth Group Incorporate	d PAC (l	Un	ited for Health)									
A.	Full Name of Individual (Last, First, Middle Initia WACKER, AARON C, , ,	al) or Full O	Orgar	nization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East					м м 09	/		0	/ Y	y y 2012	Y	
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) os Dev		M	emo	b Item					
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	Primary General Other (specify) ▼		-	280.00] P.	/R Dec	ducti	ion (\$´	14.0	0 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia WILLIAMS II, WILLIAM OWEN, , ,	al) or Full O	Orgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					м м 09	/	D 3	D 0	/ Y	2012	Y	
	City	State	_	Zip Code		Trans	acti	ion ID	: P	R25529	671286	79	
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	Name of Employer (for Individual) Golden Rule Insurance Company		•	tion (for Individual) en Counsel		М	emo	b Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 800.00	P/	/R Dec	lucti	on (\$4	10.0	0 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initia HENRY, MARK W, , ,	al) or Full O	Orgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East	1				^M 09	/		D 0	/ Y	2012	Ŷ	
	City	State MN		Zip Code 55343-9664		Trans	sact	ion IC) : P	R25534	744286	579	
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Ntwk Prgms		N	lemo	o Item					
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$\overline{)}$	NAME OF COMMITTEE (In Full)												
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Α.	Full Name of Individual (Last, First, Middle Init NAASZ, SCOTT A, , ,	ial) or Full O	rganizati	on Name	Date of Receipt								
	Mailing Address 9900 Bren Road East					^M 09	1	D D 30	/ Y	ү ү 2012	Y		
	City	State		Code		Trans	act	ion ID : I	PR25534	47472867	9		
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В.	Full Name of Individual (Last, First, Middle Init RAYBURN, MONICA L, , ,	ial) or Full O	rganizati	on Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					^M 09	/	D D 30	/ Y	2012	Y		
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<u></u> с.	Full Name of Individual (Last, First, Middle Init SULLIVAN, ANDREW J, , ,	ial) or Full O	Irganizati	on Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					^M 09	1	D D 30	/ Y	2012 Y	Y		
	City	State		Code		Trans	act	ion ID : I	PR2553	47532867	'9		
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\backslash	NAME OF COMMITTEE (In Full)												
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A.	Full Name of Individual (Last, First, Middle Initi THOMAS, RICHARD D, , ,	al) or Full O	rgar	ization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East					м м 09		30	/		2012	Y	
	City	State		Zip Code		Trans	acti	ion ID :	PR255	3475	42867	9	
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	Mailing Address 9900 Bren Road East					м м 09	1	30	/		012	Ŷ	
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	Mailing Address 9900 Bren Road East					^M 09	1	30	/		012	Ŷ	
	City Minnetonka	State MN		Zip Code 55343-9664				ion ID :				9	
			_	00040-2004		Amoun	t of	Each R	eceipt	this	Period		
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
or for commercial purposes, other than us		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	oorated PAC (United for Health)	
Full Name of Individual (Last, First, Mic A. COHAN, COLLEEN C, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State Zip Code	09 / D D / Y Y Y Y 30 2012
Minnetonka	MN 55343-9664	Transaction ID : PR2554012728679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.00
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Assc Gen Counsel	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Mic B. COLALUCA, DINO J, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East		09 / D D / Y Y Y Y 2012
City Minnetonka	StateZip CodeMN55343-9664	Transaction ID : PR2554012828679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
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Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Mic C. ESPINOSA, SHELLY A, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East		09 / D D / Y Y Y Y 2012
City Minnetonka	State Zip Code MN 55343-9664	Transaction ID : PR2554012928679
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Found/Social Resp	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
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ny information copied from such Reports and State r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) FLAGSTAD, KARSTEN S, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Ame and add PAC (U) or Full Org State MN C Occup VP In Aggregate Y	dress of any political committee nited for Health) panization Name Zip Code 55343-9664 pation (for Individual) fo Tech ear-to-Date ▼ 841.00				
r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) FLAGSTAD, KARSTEN S, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Ame and add PAC (U) or Full Org State MN C Occup VP In Aggregate Y	dress of any political committee nited for Health) panization Name Zip Code 55343-9664 pation (for Individual) fo Tech ear-to-Date ▼ 841.00	Date of Receipt 09 2012 Transaction ID : PR2554013028679 Amount of Each Receipt this Period 139.00 Memo Item			
UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) FLAGSTAD, KARSTEN S, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: ////////////////////////////////////) or Full Org State MN C Occup VP In Aggregate Y	Zip Code 55343-9664	M M / J 2012 Transaction ID : PR2554013028679 Amount of Each Receipt this Period 139.00 Memo Item			
Full Name of Individual (Last, First, Middle Initial) FLAGSTAD, KARSTEN S, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: / Primary General Other (specify) ▼) or Full Org State MN C Occup VP In Aggregate Y	Zip Code 55343-9664	M M / J 2012 Transaction ID : PR2554013028679 Amount of Each Receipt this Period 139.00 Memo Item			
FLAGSTAD, KARSTEN S, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	State MN C Occup VP In Aggregate Y	Zip Code 55343-9664	M M / J 2012 Transaction ID : PR2554013028679 Amount of Each Receipt this Period 139.00 Memo Item			
City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	MN C Occup VP In Aggregate Y	55343-9664 pation (for Individual) fo Tech ear-to-Date ▼ 841.00	09 30 2012 Transaction ID : PR2554013028679 Amount of Each Receipt this Period 139.00 Memo Item			
Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	MN C Occup VP In Aggregate Y	55343-9664 pation (for Individual) fo Tech ear-to-Date ▼ 841.00	Amount of Each Receipt this Period 139.00 Memo Item			
FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	C Occup VP In Aggregate Y	pation (for Individual) fo Tech ear-to-Date ▼ 841.00	139.00 Memo Item			
federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occup VP In Aggregate Y	fo Tech ear-to-Date ▼ 841.00	Memo Item			
United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP In Aggregate Y	fo Tech ear-to-Date ▼ 841.00				
Other (specify) ▼		841.00	P/R Deduction (\$100.00 Bi-Weekly)			
Primary General Other (specify) ▼		841.00	P/R Deduction (\$100.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle Initial)) or Full Org	anization Name				
MEYER, PATRICK J, , ,		,	Date of Receipt			
Mailing Address 9900 Bren Road East	g Address 9900 Bren Road East					
City	State	Zip Code	Transaction ID : PR2554013128679			
Minnetonka	MN 55343-9664					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Intl Aud Adv Svs	Memo Item			
Receipt For: // Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle Initial) MOORE, THOMAS W, , ,) or Full Org	anization Name	Date of Receipt			
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 2012			
City	State	Zip Code	Transaction ID : PR2554013228679			
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		28.00			
Name of Employer (for Individual)	Occur	ation (for Individual)	Memo Item			
United HealthCare Services Inc		P SIs Regn	_			
Receipt For:	Addredate Y	ear-to-Date ▼	—			
Primary General	33.034.01		P/R Deduction (\$14.00 Bi-Weekly)			
Other (specify)		280.00				
SUBTOTAL of Receipts This Page (optional)			195.00			

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	EMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporate	ed PAC (L	Inited for Health)	
۹.	Full Name of Individual (Last, First, Middle Initi REIDY, GREGORY D, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012
	City	State MN	Zip Code	Transaction ID : PR2554013328679
	Minnetonka		55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initi AHMAD, ASIR U, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 2012
	City	State	Zip Code	Transaction ID : PR2560064028679
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	pation (for Individual) Dir	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initi ALEXANDER, JOY L, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012
	City	State	Zip Code	Transaction ID : PR2560064128679
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) Health Plan of Nevada		pation (for Individual) Dir Mktg	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)		F	84.00

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				Detailed Summary Page		11a		11b	11c		12	
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	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporate	d PAC (Un	ited for Health)								
Α.	Full Name of Individual (Last, First, Middle Init BENNETT, JIM L, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 09	/	D D 30	/ Y	2 2	012	Y
	City	State		Zip Code		Trans	act	ion ID :	PR2560	064	228679)
	Minnetonka	MN		55343-9664		Amount	of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С						-			28.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Gen Counsel		M	emc	Item				
	Receipt For:	Aggregate	Yea	ır-to-Date ▼								
	Primary General Other (specify) ▼		-9-	280.00		P/R Ded	ucti	on (\$14.	00 Bi-W	/eekl	y)	
в.	Full Name of Individual (Last, First, Middle Initi CLUTE, DANIEL J, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 09	1	30	/ Y)12	Y
	City	State		Zip Code		Trans	acti	on ID :	PR2560	0644	128679)
	Minnetonka	MN		55343-9664	_	Amount	of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С									194.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		cupa d Di	tion (for Individual)		M	emc	Item				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼								
	Primary General Other (specify) ▼		Ļ	1940.00	F	P/R Ded	ucti	on (\$97.	00 Bi-W	eekl	y)	
<u> </u>	Full Name of Individual (Last, First, Middle Initi GAGE, CRAIG W, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					^M 09	1	D D D 30	/ Y)12 [°]	Ŷ
	City	State		Zip Code		Trans	act	ion ID :	PR2560	064	72867	9
	Minnetonka	MN		55343-9664	_	Amount	of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	9		78.0	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Med	•	ion (for Individual)		M	emo	tem				
	Receipt For:	Aggregate	Yea	ur-to-Date ▼								
	Other (specify)		-7-	780.00		P/R Ded	lucti	on (\$39	.00 Bi-W	/eek	ly)	
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	rated PAC (United for Health)	
Full Name of Individual (Last, First, Middl GAZELEY, PAULA A, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	09 30 2012
Minnetonka	MN	55343-9664	Transaction ID : PR2560064828679
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) at CInt Exec EmpireRx	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl GIANCURSIO, DONALD J, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 30 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2560064928679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		386.00
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) n Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3860.00	P/R Deduction (\$193.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. HOLM, STEVEN G, , ,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 2012
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2560065028679
FEC ID number of contributing federal political committee.	С	33343-3004	Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) roj Mgr	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	l)		442.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
ight angle UnitedHealth Group Incorpora	ited PAC (I	Jnited for Health)								
Full Name of Individual (Last, First, Middle I JONES, JERI L, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2560065128679 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		78.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I LIPPMAN, SHELDON, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East	Chata	Zin Onde	09 / 09 / Y Y Y Y 09 30 2012							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2560065428679							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1940.00	P/R Deduction (\$97.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I LOBERG, ANGELA L, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			09 / 0 / Y Y Y Y 2012							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2560065528679 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		194.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1940.00	P/R Deduction (\$97.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			466.00							

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			Detailed Summary Page		11a 13	$\left - \right $	11b 14	11c	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na				or the		oose of	soliciting	g contribu	itions			
$\overline{)}$	NAME OF COMMITTEE (In Full)												
2	UnitedHealth Group Incorporated	PAC (L	Jnited for Health)										
A.	Full Name of Individual (Last, First, Middle Initial LUCHT, JEFFREY D, , ,) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East				^M 09	/	D D D 30	/ Y	y y 2012	Ŷ			
	City	State MN	Zip Code						06562867				
	Minnetonka		55343-9664	A	\mount	t of	Each R	eceipt th	nis Perioc				
	FEC ID number of contributing federal political committee.	С			_		-		194				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Underwriting		M	emo	Item						
		Aggregate `	Year-to-Date 🔻										
	Other (specify)		1940.00	P/	/R Ded	luctio	on (\$97.	00 Bi-W	eekly)				
В.	Full Name of Individual (Last, First, Middle Initial MARONEY, KEVIN MICHAEL, , ,) or Full Oı	rganization Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East				м м 09	/	30	/ Y	2012	Y			
	City	State	Zip Code						06572867				
	Minnetonka	MN	55343-9664	A	\mouni	t of	Each R	eceipt th	nis Perioc				
	FEC ID number of contributing federal political committee.	С			28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial MILICH, DAVID, , ,) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East				^M 09	/	30	/ Y	2012 Y	Y			
	City Minnetonka	State MN	Zip Code 55343-9664						0660286				
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	FEC ID number of contributing federal political committee.	С				_	y	,	78	.00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	ltem						
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	Other (specify)		780.00	P,	/R Dec	lucti	on (\$39.	.00 Bi-W	eekly)				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 110 OF

				Detailed Summary Page		11a		-	11b	11c		12	47
	formation copied from such Reports and State					for the		rpc					
or for	commercial purposes, other than using the na												
\	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated		١١٣	ited for Health)									
/	· ·			,									
	I Name of Individual (Last, First, Middle Initial) D'BRYANT, WILLIAM B, , ,) or Full C	Orga	nization Name		Date	of Re	ece	eipt				
	iling Address 9900 Bren Road East					M		_		/ Y	Y	Y	Y
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City Mi	y nnetonka	State MN		Zip Code 55343-9664	-				n ID : P ach Re)
FE	C ID number of contributing		-							oo.pr u			0
	eral political committee.	C						-7		- JF		28.0	
Na	me of Employer (for Individual)	Occ	upa	tion (for Individual)	\neg		/lemo	οI	ltem				
	ited HealthCare Services Inc	Sr N											
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	I Name of Individual (Last, First, Middle Initial) or Full C	Drga	nization Name		Dei							
	ERRIER, RICHARD A, , , iling Address 9900 Bren Road East					Date		ece	eipt		V	Y	V
	-	1				09	/	^	30	/ 1)12	
City		State MN		Zip Code 55343-9664	-				n ID : P				
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	Other (specify) V		,	280.00	F	P/R De	ducti	tior	ח (\$14.0	0 Bi-We	eekly	y)	
Ful C. R	I Name of Individual (Last, First, Middle Initial OWE, DONALD G, , ,) or Full C	Drga	nization Name		Date	of P	<u>er</u>	eint				
	iling Address 9900 Bren Road East					09		/	30	/ Y)12	Y
Cit	y	State		Zip Code	-	_	sact	tio	n ID : P	R2560	1.00	1. A.)
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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		Detailed Summary Page		11a		11b	11c	12	<u> </u>				
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or for commercial purposes, other than us	sing the name and a	ddress of any political committe	e to sol	icit cor	ntrib	utions fro	om such	n committ	ee.				
NAME OF COMMITTEE (In Full)	orated PAC (United for Health)											
Full Name of Individual (Last, First, Mi	,												
A. VAIL, DENISE, , ,			[Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				м м 09	1	30	/ Y	2012	Y				
City	State	Zip Code		Trans	acti	ion ID : P	R25600	6682867	9				
Minnetonka	MN	55343-9664	A	mount	t of	Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C						-,-	28.					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt		M	emo	Item							
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		280.00	P.	/R Ded	lucti	on (\$14.0	00 Bi-We	eekly)					
Full Name of Individual (Last, First, Mi B. COLLINS, DEBRA C, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				м м 09	/	D D D 30	/ Y	y y 2012	Y				
City	State	Zip Code		Trans	acti	on ID : P	R25603	9802867	9				
Minnetonka	MN	55343-9664	A	mount	t of	Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C		30.										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		M	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mic. DICKMAN, KRISTA J, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 09	/	^D 30	/ Y	2012 [°]	Y				
City Minnetonka	State MN	Zip Code 55343-9664				ion ID : P			9				
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FEC ID number of contributing federal political committee.	C			_	_	y	y	28.	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance		Memo Item									
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Primary General Other (specify)		280.00] P	/R Ded	lucti	on (\$14.0	00 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optic	nal)							86.	00				
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				Detailed Summary Page		11a		11		11c		12				
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or	for commercial purposes, other than using the	name and a	addro	ess of any political committee	to sol	icit coi	ntrib	outic	ons fro	om suc	h co	mmitte	ee.			
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	ed PAC (Un	ited for Health)												
A.	Full Name of Individual (Last, First, Middle Initi KOREAN, GEORGE N, , ,	ial) or Full C	Drgai	nization Name	[Date of	Re	ecei	ipt							
	Mailing Address 9900 Bren Road East					м м 09	/	ſ	30	/ Y	Y 2(012	Y			
	City	State		Zip Code		Trans	acti	ion	ID : P	R2560	398	528679	•			
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	Primary General Other (specify) ▼	280.00	P	/R Ded	ucti	on	(\$14.0	0 Bi-W	eekl	y)						
	Full Name of Individual (Last, First, Middle Initi NOEL, TIMOTHY J, , ,	ial) or Full C	Drgai	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 9900 Bren Road East					м м 09	/	ľ	30 / Y Y Y Y Y 30 2012							
	City	State		Zip Code		Trans	acti	ion	ID : P	R2560	3988	328679)			
	Minnetonka	MN		55343-9664	A	mount	of	Ea	ch Re	ceipt th	nis F	Period				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 780.00	P/	′R Ded	uctio	on ((\$39.0	0 Bi-W	eekl	y)				
c.	Full Name of Individual (Last, First, Middle Initi CRONIN, JAMES, , ,	ial) or Full C	Drgai	nization Name	[Date of	Re	ecei	ipt							
	Mailing Address 9900 Bren Road East					^M 09	/		30	/ Y)12 [°]	Y			
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	Name of Employer (for Individual)		•	ion (for Individual)	,											
	United HealthCare Services Inc	Hlth	n Pla	n CEO												
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	Other (specify)		-	769.20	P	/R Dec	lucti	ion	(\$38.4	l6 Bi-W	eekl	у)				
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\rangle	UnitedHealth Group Incorporated	I PAC (l	Jnited for Health)								
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B.	Full Name of Individual (Last, First, Middle Initia PERO, MARIE A, , ,	l) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 09	/	30	/ Y)12	Y
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C.	Full Name of Individual (Last, First, Middle Initia STEPHENS, JOY M, , ,	l) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					09	/	D D D 30	/ Y)12 [°]	Ŷ
	City Minnetonka	State MN	Zip Code 55343-9664					i on ID : I Each Re)
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) us Anlys Consltnt			Me	emo	tem				
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A.	Full Name of Individual (Last, First, Middle Init LUND, BRIAN W, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	eceip	pt								
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В.	Full Name of Individual (Last, First, Middle Init CAVANAUGH, LARRY W, , ,	ial) or Full C	Drgai	nization Name		Date of	Re	eceip	pt								
	Mailing Address 9900 Bren Road East					м м 09	/	D	30	/ Y		12	Ŷ				
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	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n Govt Dntl SIs Mgr		M	emo	o Ite	em								
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С.	Full Name of Individual (Last, First, Middle Init CRAMPTON, KATHLEEN R, , ,	ial) or Full C	Orgai	nization Name		Date of	Re	eceip	pt								
	Mailing Address 9900 Bren Road East					^M 09	1	D	30	/ Y)12 [°]	Y				
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NAME OF COMMITTEE (In		any pointear commute		. Jonuli	2010113 11	Sin Such	. Jonnilll							
	ip Incorporated PAC (United for Health)												
Full Name of Individual (La: A. BARTON, JACQULYN N	st, First, Middle Initial) or Full C M, , ,	Drganization Name	Dat	te of Re	eceipt									
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Name of Employer (for Indi United HealthCare Services		cupation (for Individual) Human Capital Partner		Memo	o Item									
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Other (specify) ▼	neral	280.00	P/R	Deduct	tion (\$14.0	00 Bi-We	ekly)							
Full Name of Individual (La B. WALSH, JENNIFER F,	st, First, Middle Initial) or Full C	Organization Name	Dat	Date of Receipt										
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			Detailed Summary Page	13 14 15 16 17
or	for commercial purposes, other than using the			e to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporate	ed PAC (L	Inited for Health)	
۹.	Full Name of Individual (Last, First, Middle Initi MACKENZIE, ANDREW C, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2564297128679
	Minnetonka		55543-9004	Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment CMO	Memo Item
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	Primary General Other (specify) ▼	Aggregate	2000.00	P/R Deduction (\$100.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initi SWANSON, STEPHEN E, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 30 2012
	City	State	Zip Code	Transaction ID : PR2564297328679
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) /P Acct Mgmt	Memo Item
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<u> </u>	Full Name of Individual (Last, First, Middle Initi BALTHASER, HARVEY J, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 2012
	City	State	Zip Code	Transaction ID : PR2564297528679
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
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UnitedHealth Group Incorport	prated PAC (United for Health)											
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Α.	Full Name of Individual (Last, First, Middle Initial) or CARLSON, CHRISTOPHER CHARLES, , ,	Full Orga	anization Name		Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East				м м 09	/	30		/ Y	y y 2012	Ŷ	
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	Receipt For: Agg Primary General Other (specify) ▼	regate Ye	ar-to-Date ▼ 1940.00	P/R Deduction (\$97.00 Bi-Weekly)								
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с.	Full Name of Individual (Last, First, Middle Initia MCENERY, WILLIAM T, , ,	l) or Full O	rgan	ization Name		Date	of Re	ec	eipt								
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	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ment CMO			Mem	0	Item								
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			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpo	orated PAC (United for Health)											
Full Name of Individual (Last, First, Midd WRIGHT, LISA R, , ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 2012										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2564803728679										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prod Mgr	Memo Item										
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Full Name of Individual (Last, First, Midd B. O'HARE, TAMMY A, , ,	le Initial) or Full C	rganization Name	Date of Receipt										
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NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorport	orated PAC (United for Health)											
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Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y 09 30 / 2012										
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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 from such committee. NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SMITH, THOMAS E, Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Individual (Last, First, Middle Initial) or Full Organization (for Individual)) United HealthCare Services Inc Pirmary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GRAY, JOSEPH A, ., Mailing Address 9900 Bren Road East City Minimetonka State Zip Code Mailing Address 9900 Bren Road East Other (specify) ▼ B. GRAY, JOSEPH A, ., Mailing Address 9900 Bren Road East City Minimetonka FEC. ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc <				Detailed Summar		×	11a	\square	11b	11c	\vdash	12 16 1					
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c.	Full Name of Individual (Last, First, Middle Initi MCGINNITY, MICHAEL J, , ,	al) or Full O	rganization Name			Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East					^M 09		^D 30	/ Y	20)12					
	City Minnetonka	State MN	Zip Code 55343-9664					ion ID : l)				
			55545-9004			Amount	t of	Each Re	eceipt th	ıis P	eriod					
	FEC ID number of contributing federal political committee.	C				<u> </u>	_	, . ,	- <u>-</u>	_	78.0	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt			М	emo	tem								
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	Primary General Other (specify)		585.00)	F	P/R Dec	lucti	on (\$39.)	00 Bi-W	eekl	y)					
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)							
Full Name of Individual (Last, First, Mide SICKELS, JOHN C, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 2012						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2573519128679 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs AM	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mide MESSAL, ANITA Q, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East	State	Zip Code	09 / 09 / 2012						
City Minnetonka	MN	55343-9664	Transaction ID : PR2573877028679 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	P/R Deduction (\$125.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mide MCCARTY, CARY J, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575059428679 Amount of Each Receipt this Period						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 468.00	P/R Deduction (\$39.00 Bi-Weekly)						
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\backslash	NAME OF COMMITTEE (In Full)														
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Α.	Full Name of Individual (Last, First, Middle In CHAMPION, PHEBE M, , ,	itial) or Full O	Orgar	nization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East					09 / D D / Y Y Y Y 2012									
	City	State		Zip Code	Transaction ID : PR2575108328679 Amount of Each Receipt this Period										
	Minnetonka	MN		55343-9664											
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	Name of Employer (for Individual) Health Plan of Nevada		•	ion (for Individual) Cust Service											
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		225.00	F	P/R Ded	ucti	ion ((\$25.0	0 Bi-We	ekly)					
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Acct Mgmt		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 98.00	P/R Deduction (\$14.00 Bi-Weekly)										
<u> </u>	Full Name of Individual (Last, First, Middle In WHEELER, DEBORAH A, , ,	itial) or Full O	Orgar	nization Name		Date of	Re	eceip	pt						
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		Detailed Summary Page		11a 13	╞	11b	\vdash	11c 15	12	17			
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NAME OF COMMITTEE (In Full)													
✓ UnitedHealth Group Incorport	rated PAC (United for Health)											
Full Name of Individual (Last, First, Middle CASSANO, SCOTT G, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			09 30 / Y Y Y Y 2012										
City	State	Zip Code	Transaction ID : PR2575164428679										
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FEC ID number of contributing federal political committee.	C		200.00										
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Prov Svc		Me	emc	o Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		800.00	P/R Deduction (\$100.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. STAMM, MICHAEL PATRICK, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y Y Y 2012										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty General Counsel (Mgr)		Memo Item									
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	UnitedHealth Group Incorporate	ed PAC (I	Jnited for H	lealth)										
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	Mailing Address 9900 Bren Road East					09 / 0 / Y Y Y Y 09 30 2012								
	City	State	Zip Code			Transaction ID : PR2575224928679								
	Minnetonka	MN	55343-96	64	Amount of Each Receipt this Period									
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	Full Name of Individual (Last, First, Middle Ini ESSLINGER, JOHN J, , ,	tial) or Full O	rganization Nam	le		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East		09 / D D / Y Y Y Y 09 30 2012											
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	Mailing Address 9900 Bren Road East					^M 09	/	D 30		/ Y	201		Y	
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/	UnitedHealth Group Incorporated	d PAC (Un	ited for Health)													
A.	Full Name of Individual (Last, First, Middle Initia TELESKY, MICHAEL J, , ,	al) or Full O	rga	nization Name		Date of	f Re	ece	eipt								
	Mailing Address 9900 Bren Road East					09 30 2012											
	City	State		Zip Code		Trans	acti	ior	n ID : F	R2575	3509	928679)				
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	Mailing Address 9900 Bren Road East		09 / D D / Y Y Y Y 2012														
	City	State		Zip Code 55343-9664		Trans	acti	ion	n ID : P	R2575	4436	<u>528679</u>					
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	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) hief Actuary		Memo Item											
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NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorp	porated PAC (United for Health)									
Full Name of Individual (Last, First, Michael, , , PETEROY, MICHAEL, , ,	ddle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East		09 / 0 / Y Y Y Y 2012								
City	State Zip Code MN 55343-9664	Transaction ID : PR2575585628679								
Minnetonka	MN 55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	78.00								
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Bus Process	Memo Item								
Receipt For:	Aggregate Year-to-Date ▼	—								
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mid B. SOLLER, BRIAN, , ,	ddle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East		09 30 2012								
City	State Zip Code	Transaction ID : PR2575586728679								
Minnetonka	MN 55343-9664	Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP, IT	Memo Item								
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Full Name of Individual (Last, First, Mic C. CLARK, TERRENCE M, , ,	ddle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East		09 30 2012								
City	State Zip Code	Transaction ID : PR2575636928679								
Minnetonka	MN 55343-9664	Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment CMO	Memo Item								
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Primary General Other (specify)	291.00	P/R Deduction (\$97.00 Bi-Weekly)								
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\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (United for Health)										
Α.	Full Name of Individual (Last, First, Middle In SUBLETTE, NANCY J, , ,	iitial) or Full O	Organization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East												
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	Name of Employer (for Individual) Southwest Medical Assoc. Inc.		cupation (for Individual) ys Dir	Memo Item									
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	Primary General Other (specify) ▼		, 351.00	P/R Deduction (\$39.00 Bi-Weekly)									
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	United HealthCare Services Inc		nan Capital Partner Mgr	_									
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	Primary General Other (specify)	390.00	P/R Deduction (\$39.00 Bi-Weekly)										
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]	UnitedHealth Group Incorporated	PAC (l	Jnited	for Health)											
A.	Full Name of Individual (Last, First, Middle Initia FARKUS, DARREL A, , ,	l) or Full Oi	rganizatio	n Name		Date of Receipt									
	Mailing Address 9900 Bren Road East	1 -				09 / 30 / 2012									
	City Minnetonka	State MN		Code 343-9664		Transaction ID : PR2575797528679 Amount of Each Receipt this Period									
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B.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE ERIN, , ,	l) or Full O	rganizatio	n Name		Date of	Re	ceipt	t						
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	NAME OF COMMITTEE (In Full)					-			-								
\rangle	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)														
A.	Full Name of Individual (Last, First, Middle Initi ILLER, RONALD M, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 9900 Bren Road East				09 / D / Y Y Y Y 09 30 2012												
	City	State MN	Zip Code		Transaction ID : PR2575891528679												
	Minnetonka		55343-9664	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	ederal political committee. Vame of Employer (for Individual) United HealthCare Services Inc Occupation (for Inc					78.00										
	Name of Employer (for Individual) United HealthCare Services Inc						Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify) ▼	P	/R Ded	ucti	ion (\$39.0	00 Bi-We	eekly)										
В.	Full Name of Individual (Last, First, Middle Initi SALINAS, MARC T, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 9900 Bren Road East	09 / D D / Y Y Y Y 2012															
	City	State	Zip Code		Trans	acti	ion ID : F	PR25759	6792867	9							
	Minnetonka	MN	55343-9664	A	Amount	of	Each Re	eceipt th	is Period								
	FEC ID number of contributing federal political committee.			_		-	-	78.	00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)													
с.	Full Name of Individual (Last, First, Middle Initi PERLMAN, JUDITH GAGER, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt										
	Mailing Address 9900 Bren Road East				^M 09	1	30	/ Y	y y 2012	Y							
	City Minnetonka	State MN	Zip Code 55343-9664						96892867	'9							
			55343-9664	/	Amount	of	Each Re	eceipt th	is Period								
	FEC ID number of contributing federal political committee.	С				_	,	9	78.	00							
	Name of Employer (for Individual) United HealthCare Services Inc	, , , , , , , , , , , , , , , , , , , ,					tem										
	Receipt For: Primary General Other (specify)	ry General Aggregate Teal-to-Date V						P/R Deduction (\$39.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			▶		1	, .	,	234.	00							
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVILED KEGEIPIS		for each category of the Detailed Summary Page							
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (United for Health)							
Full Name of Individual (Last, First, Middle JOHNSON, RESTOR, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 09 30 2012						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576051628679 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		136.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Entrprs Real Estate Svs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00	P/R Deduction (\$97.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. REX, JOHN F, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 09 30 2012						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576060028679 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		386.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group CFO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 386.00	P/R Deduction (\$193.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. TORGERSON, CHANDRA LUE, ,		rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			09 / D D / Y Y Y Y Y 2012						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576128628679 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		78.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$39.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			600.00						
TOTAL This Period (last page this line numb	per only)								

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		Dotailed Summary Page		1 1a		11b	11c		12				
		Detailed Summary Page		13		14	15		16	17			
Any information copied from such Reports and or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorport	`	,											
Full Name of Individual (Last, First, Middle A. JACQUE, TERRI M, , ,	Initial) or Full C	organization Name		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2576132428679									
Mailing Address 9900 Bren Road East													
City	State MN	Zip Code											
Minnetonka		55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			78.00									
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) c Dir Utilization Mgmt		Me	emo	Item							
Receipt For:													
Other (specify)		351.00] F	P/R Ded	ucti	on (\$39	.00 Bi-W	/eekly	/)				
Full Name of Individual (Last, First, Middle B. BROWN, DAVID W, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East		09 30 / Y Y Y Y 2012											
City	State	Zip Code		Trans	acti	on ID :	PR2576	1588	28679				
Minnetonka	MN	55343-9664	_	Amount	of	Each R	leceipt tl	his P	eriod				
FEC ID number of contributing federal political committee.	C			78.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	F	P/R Ded	uctio	on (\$39	.00 Bi-W	eekly	()				
Full Name of Individual (Last, First, Middle C. KENIRY, DANIEL J, , ,	Initial) or Full C	rganization Name	_	Date of	Po	coint							
Mailing Address 9900 Bren Road East				09	1	30			ү 12	Y			
City	State	Zip Code		Trans	act	ion ID :	PR2577	3793	28679	9			
Minnetonka	MN	55343-9664		Amount	of	Each R	leceipt tl	his P	eriod				
FEC ID number of contributing federal political committee.	C					y 1	. y		194.0	0			
Name of Employer (for Individual) United HealthCare Services Inc	ed HealthCare Services Inc VP Gov't Rel					Memo Item							
						P/R Deduction (\$97.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			• -			5		60	350.0)251.8				

SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 144 OF 160						
ITE	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 🗙 23 26 27						
		Detailed	Summary Page	28a	28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)							
/	Full Name (Last, First, Middle Initial)										
Α.	Republican Party of Wisconsin - Feo	deral Acco	ount		Date of Disbursement						
	Mailing Address 148 E. Johnson Street				09 12 2012						
	City	State WI	Zip Code		FEC Identification Number						
	Madison Purpose of Disbursement	VVI	53703								
				011	С						
	Contribution Candidate Name				Transaction ID: 35237962						
				Category/ Type	Amount of Each Disbursement this Period						
		ment For:			2500.00						
	President	Primary Other (spe	General cify) ▼		Contribution						
	State: District:	1			Memo Item						
	Full Name (Last, First, Middle Initial)										
B.	Democratic Party of Wisconsin - F	ederal A	ccount		Date of Disbursement						
	Mailing Address 110 King Street, Suite 203			09 12 2012							
	City	State	Zip Code		FEC Identification Number						
	Madison Purpose of Disbursement	WI	53703								
	Contribution			011	С						
	Candidate Name				Transaction ID : 35237963						
				Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00						
	Senate	Primary	General								
	President	Other (spec			Contribution						
	State: District:]			Memo Item						
	Full Name (Last, First, Middle Initial)										
C.	Klobuchar For Minnesota 2012				Date of Disbursement						
	Mailing Address PO Box 4146				09 20 2012						
	City	State	Zip Code		FEC Identification Number						
	St Paul	MN	55104								
	Purpose of Disbursement				C C00431353						
	Contribution			011	Transaction ID : 35298361						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Klobuchar, Amy, J., Sen.,	mont Ferry		Туре	5000.00						
	Office Sought: House Disburse	ement For: 2									
	President	Primary Other (spe	Cify)		Contribution						
	State: MN District:		City) V		Memo Item						
s	UBTOTAL of Disbursements This Page (optional).			••••••	12500.00						
Т	DTAL This Period (last page this line number only	/)		▶	, ,						

SC	HEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 145 OF 160			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check o				
			Summary Page	21				
	y information copied from such Reports and State for commercial purposes, other than using the na			ed by any pe	erson for the purpose of soliciting contributions			
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)				
	Full Name (Last, First, Middle Initial)							
Α.	Common Sense Colorado PAC				Date of Disbursement			
	Mailing Address 426 C Street NE				09 / 20 / Y Y Y Y 2012			
	City Washington	State DC	Zip Code 20002		FEC Identification Number			
	Purpose of Disbursement	50	20002		С			
	Contribution			011				
	Candidate Name			Category/	Transaction ID : 35298516 Amount of Each Disbursement this Period			
				Type				
	Office Sought: House Disburse	ment For:	I		2500.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	city) 🔻		Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Republican Operation To Secure And	Keep A M	laioritv (ROSK		Date of Disbursement			
			, , , , , , , , , , , , , , , , , , , ,		M M / D D / Y Y Y			
	Mailing Address PO Box 1011		1		09 21 2012			
	City	State IL	Zip Code 60187		FEC Identification Number			
	Wheaton Purpose of Disbursement	IL	00107		C C00451204			
	Contribution			011	C C00451294			
	Candidate Name			Category/	Transaction ID : 35301440 Amount of Each Disbursement this Period			
	Republican Operation To Secure And Keep A Majority (R	OSKAM PAC)		Туре				
	Office Sought: House Disburse	ement For:	· · · ·		2000.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	cify)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Friends of Sam Johnson				Date of Disbursement			
	Mailing Address PO Box 860096				09 21 2012			
	City	State	Zip Code					
	Plano	TX	75086		FEC Identification Number			
	Purpose of Disbursement				C C00250720			
	Contribution			011	Transaction ID : 35301441			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	Johnson, Samuel, Robert, Rep., Office Sought: Y House Disburse	ment For: 2	2012	Туре	1000.00			
	Senate	Primary	General					
	President	Other (spec			Contribution			
	State: TX District: 03		- , , ,		Memo Item			
s	JBTOTAL of Disbursements This Page (optional).				5500.00			
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Т	OTAL This Period (last page this line number only	/)		····· ►	, ,			

SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 146 OF 160
ITE	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
	r information copied from such Reports and State or commercial purposes, other than using the na			d by any perso	n for the purpose of soliciting contributions
1	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)	
/F	Full Name (Last, First, Middle Initial)				
Α.	Coffman For Congress 2012				Date of Disbursement
-	Mailing Address 9249 South Broadway #200-501				09 / 21 / Y Y Y Y 2012
	City	State	Zip Code		FEC Identification Number
	Highlands Ranch Purpose of Disbursement	CO	80129		
ſ	Contribution			011	С С00497180
ī	Candidate Name				Transaction ID : 35301442
	Coffman, Mike, , Rep.,			Category/ Type	Amount of Each Disbursement this Period
	-	ment For:	2012	71	1000.00
	Senate	Primary	X General		
ç	State: CO District: 06	Other (spe	cify)		Contribution Memo Item
	Full Name (Last, First, Middle Initial)				
В.	Jim Jordan For Congress				Date of Disbursement
ľ	Mailing Address 1709 State Route 560 South				09 21 2012
	City	State	Zip Code		FEC Identification Number
	Urbana Purpose of Disbursement	OH	43078		
r	Contribution			011	C C00416594
7	Candidate Name				Transaction ID : 35301446
	Jordan, James, D., Rep.,			Category/ Type	Amount of Each Disbursement this Period
Ō	Office Sought: X House Disburse	ement For:	2012		2500.00
	Senate	Primary	X General		Contribution
ę	State: OH District: 04	Other (spe	cify)		Memo Item
F	Full Name (Last, First, Middle Initial)				
C.	Pat Meehan For Congress				Date of Disbursement
ſ	Mailing Address 50 S. Providence Road				09 / D D / Y Y Y Y 21 2012
	Dity	State	Zip Code		FEC Identification Number
-	Media Purpose of Disbursement	PA	19063		C C00466870
	Contribution			011	C C00466870
ī	Candidate Name			Category/	Transaction ID : 35301447 Amount of Each Disbursement this Period
	Meehan, Patrick, , Rep.,			Туре	
(Office Sought: X House Disburse	ement For:	2012		2500.00
	Senate	Primary	General		Contribution
ç	State: PA District: 07	Other (spe	спу) 🔻		Memo Item
					6000.00
L SL	IBTOTAL of Disbursements This Page (optional).			►	
тс	TAL This Period (last page this line number only	/)		••••••	L,,

SC	HEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 147 OF 160			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check onl	one)			
			Summary Page	21b				
				28a				
or	/ information copied from such Reports and State for commercial purposes, other than using the na							
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)				
	Full Name (Last, First, Middle Initial)							
Α.	Lamborn For Congress				Date of Disbursement			
	Mailing Address PO Box 64107				09 21 2012			
	City	State	Zip Code		FEC Identification Number			
	Colorado Springs	со	80962		FEC Identification Number			
	Purpose of Disbursement				C C00420745			
	Contribution			011	Transaction ID : 35301449			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	Lamborn, Doug, , Rep., Office Sought: X House Disburse	ement For:	2012	Туре	1000.00			
	Senate	Primary	General					
	President	Other (spe			Contribution			
	State: CO District: 05				Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Schock For Congress				Date of Disbursement			
	Mailing Address PO Box 10555				09 21 2012			
	City	State	Zip Code		FEC Identification Number			
	Peoria Purpose of Disbursement	IL	61612		0 000/07750			
	Contribution			011	C C00437756			
-	Candidate Name			Category/	Transaction ID : 35301450 Amount of Each Disbursement this Period			
	Schock, Aaron, , Rep.,			Type	Amount of Each Disbuischent this Feriod			
i		_	2012		1000.00			
	Senate	Primary	General		Contribution			
	State: IL District: 18	Other (spe	city)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Friends Of Todd Young, Inc.				Date of Disbursement			
	0,				M M / D D / Y Y Y Y			
	Mailing Address PO Box 1053				09 21 2012			
	City	State	Zip Code		FEC Identification Number			
	Bloomington	IN	47402					
	Purpose of Disbursement Contribution			011	C C00459255			
i	Candidate Name				Transaction ID : 35301451			
	Young, Todd, Christopher, Rep.,			Category/ Type	Amount of Each Disbursement this Period			
i		ement For:	2012		1000.00			
	Senate	Primary	X General		Contribution			
	President	Other (spe	cify) 🔻		Memo Item			
	State: IN District: 09							
SI	JBTOTAL of Disbursements This Page (optional)				3000.00			
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т	OTAL This Period (last page this line number only	y)		••••••	, ,			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 148 OF 160
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b	one) 22 X 23 26 27
	Detaileu	Summary Fage	28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (Ur	ited for Hea	lth)	
Full Name (Last, First, Middle Initial)				
A. New Democrat Coalition Political Ac	tion Com	mittee AKA N	IDC PAC	Date of Disbursement
Mailing Address 700 13th Street NW, Suite 600				09 21 2012
City Washington	State DC	Zip Code 20005		FEC Identification Number
Purpose of Disbursement		20000		C C00409730
Void - check dated 03.23.2012			011	
Candidate Name			Category/	Transaction ID : 35301584 Amount of Each Disbursement this Period
New Democrat Coalition Political Action Committee AKA	NDC PAC		Type	Anount of Lach Disbursement this renou
Office Sought: House Disburse	ment For:			- 5000.00
Senate	Primary	General		
State: District:	Other (spec	cify) ▼		Void - check dated 03.23.2012 Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
B. New Democrat Coalition Political Ac	tion Com	mittee AKA N	NDC PAC	
Mailing Address 700 13th Street NW, Suite 600				09 21 2012
Maining Address 700 15th Street 1447, Suite 600				
City	State	Zip Code		
Washington	DC	20005		FEC Identification Number
Purpose of Disbursement				С С00409730
Contribution			011	Transaction ID : 35301586
Candidate Name			Category/	Amount of Each Disbursement this Period
New Democrat Coalition Political Action Committee AKA	NDC PAC		Туре	
	ment For:			5000.00
Senate	Primary	General		Contribution
President	Other (spec	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
^{C.} Tim Walz For US Congress				Date of Disbursement
Mailing Address PO Box 938				09 26 2012
City	State	Zip Code		
Mankato	MN	56002		FEC Identification Number
Purpose of Disbursement				С С00409409
Contribution			011	Transaction ID : 35317991
Candidate Name			Category/	Amount of Each Disbursement this Period
Walz, Timothy, J., Rep.,			Type	
Office Sought: X House Disburse	ment For: 2	2012		1000.00
Senate	Primary	K General		Contribution
President	Other (spec	cify) 🔻		Memo Item
State: MN District: 01				<u> </u>
				1000.00
SUBTOTAL of Disbursements This Page (optional).			••••••	1000.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 149 OF 160			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	one)			
		Summary Page	21b	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State	ements may	not be sold or us					
or for commercial purposes, other than using the na							
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	llth)				
Full Name (Last, First, Middle Initial)				Data of Diskumament			
A. Mike McIntyre For Congress				Date of Disbursement			
Mailing Address PO Box 1				09 26 2012			
City	State	Zip Code		FEC Identification Number			
Lumberton Purpose of Disbursement	NC	28359					
Contribution			011	C C00306829			
Candidate Name			Category/	Transaction ID : 35317992 Amount of Each Disbursement this Period			
McIntyre, Mike, , Rep.,			Type				
	ement For:			2000.00			
Senate President	Primary	General		Contribution			
State: NC District: 07	Other (spe	City) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
^{B.} Ben Chandler For Congress				Date of Disbursement			
Mailing Address PO Box 12678							
Walling Address PO Box 12078				09 26 2012			
City	State	Zip Code		FEC Identification Number			
Lexington Purpose of Disbursement	KY	40508		C 000202512			
Contribution			011	C C00393512 Transaction ID : 35317993 Amount of Each Disbursement this Period			
Candidate Name			Category/				
Chandler, Benjamin, , Rep., III			Туре				
Ŭ A	-	2012		2000.00			
Senate President	Primary Other (spe	General		Contribution			
State: KY District: 06	Other (spe	city)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Chris Coons For Delaware				Date of Disbursement			
Mailing Address PO Box 9900				09 / D D / Y Y Y Y 26 2012			
City	State	Zip Code		FEC Identification Number			
Newark Purpose of Disbursement	DE	19714					
Contribution			011	C C00475392			
Candidate Name			Category/	Transaction ID : 35317994 Amount of Each Disbursement this Period			
Coons, Christopher, A., Sen.,			Type				
	ement For:			2500.00			
Senate President	Primary	General		Contribution			
State: DE District:	Other (spe	ony) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			••••••	6500.00			
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	ny information copied from such Reports and State for commercial purposes, other than using the na									
\square	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	alth)						
<u> </u>	Full Name (Last, First, Middle Initial)									
Α.	SKIPAC					Date of Disbursement				
	Mailing Address PO Box 83142					09 / 26 / Y Y Y Y 2012				
	City	State	Zip Code			FEC Identification Number				
	Gaithersburg	MD	20883							
	Purpose of Disbursement Contribution			0	11	C C00470666				
	Candidate Name			1.00		Transaction ID : 35317995				
	SKIPAC				egory/ /pe	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:				2500.00				
	Senate	Primary	General							
	President	Other (spe	cify) 🔻			Contribution Memo Item				
_	State: District:									
В.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14		Date of Disbursement							
	Mailing Address PO Box 1496			09 26 2012						
	City	State KY	Zip Code 40201			FEC Identification Number				
	Louisville Purpose of Disbursement	IX I	40201			C C00193342				
	Contribution			0	11					
	Candidate Name			Cate	egory/	Transaction ID : 35317996 Amount of Each Disbursement this Period				
	McConnell, Mitch, , Sen.,				/pe					
			2014			2500.00				
	Senate President	Primary	General			Contribution				
	State: KY District:	Other (spec	city)			Memo Item				
	Full Name (Last, First, Middle Initial)									
C.	Friends Of Mike Lee Inc					Date of Disbursement				
	Mailing Address 190 West 800 North, Suite 100					09 / 26 / Y Y Y Y Y 2012				
	City	State	Zip Code			FEC Identification Number				
	Provo Purpose of Disbursement	UT	84601			C C00472827				
	Contribution			0	11	C C00473827				
	Candidate Name			Cate	egory/	Transaction ID : 35317997 Amount of Each Disbursement this Period				
	Lee, Mike, , Sen.,				/pe					
		ment For: 2				1000.00				
	Y Senate President	Primary	General			Contribution				
	State: UT District:	Other (spe	uiy) ▼			Memo Item				
Γ										
5	SUBTOTAL of Disbursements This Page (optional).				••••• ►	6000.00				
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	CHEDULE B (FEC Form 3X)						NUMBER: PAGE 151 OF 160				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(C		only 21b	/ one)				
		Detailed Summary Page				21b 28a	22 X 23 26 27 28b 28c 29 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the na				any	perso	on for the purpose of soliciting contributions				
\backslash	NAME OF COMMITTEE (In Full)										
$ \rangle$	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	alth)							
~	Full Name (Last, First, Middle Initial)						Data of Disburgament				
Α.	Friends Of Pat Toomey						Date of Disbursement				
	Mailing Address 228 S. Washington St., Suite 115						09 26 2012				
	City	State	Zip Code				FEC Identification Number				
	Alexandria	VA	22314				· · · · · · · · ·				
	Purpose of Disbursement			0)11	11	C C00461046				
	Contribution Candidate Name			1.00		- 1	Transaction ID : 35317998				
	Toomey, Patrick, Joseph, Sen.,				egory ype	//	Amount of Each Disbursement this Period				
		ment For: 2	2016	13	, 20		2500.00				
	X Senate	Primary	General								
	State: PA District:	Other (spe	cify) ▼				Contribution Memo Item				
_	Full Name (Last, First, Middle Initial)										
Β.	Ted Cruz For Senate						Date of Disbursement				
	Mailing Address 815 A Brazos PMB 550		_				09 26 2012				
	City Austin	State TX	Zip Code 78701				FEC Identification Number				
	Purpose of Disbursement		78701			_	C C00492785				
	Contribution			C)11						
	Candidate Name			Cate	egory	//	Transaction ID : 35317999 Amount of Each Disbursement this Period				
	Cruz, Rafael, Edward Ted, Mr.,				ype	″					
		ment For:	-				5000.00				
	Senate	Primary	General				Contribution				
	State: TX District:	Other (spec	city)				Memo Item				
_	Full Name (Last, First, Middle Initial)										
C.	Van Hollen For Congress						Date of Disbursement				
	Mailing Address 10537 St. Paul Street						09 / 26 / Y Y Y Y 2012				
	City	State	Zip Code				FEC Identification Number				
	Kensington	MD	20895								
	Purpose of Disbursement Contribution			0	011		С соозбеоре				
	Candidate Name			l and a			Transaction ID : 35318000				
	Van Hollen, Chris, , Rep.,				egory ype	//	Amount of Each Disbursement this Period				
		ment For: 2	2012		• • *		2500.00				
	Senate	Primary	K General				Contribution				
	President	Other (spe	cify) 🔻				Memo Item				
_	State: MD District: 08						<u> </u>				
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SCHEDULE B (FEC Form 3X)		rate schedule(s)				UMBER:	:		P	AGE	152 OF 160
ITEMIZED DISBURSEMENTS	for each	(che	eck o	· .	/ one) 22 🗙 23 🗌 26 🗌 27						
		Summary Page		28		22 28b	· ·	23 28c	20		27 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				ny pe	rsor	for the	purp	ose o	f soliciti		ontributions
NAME OF COMMITTEE (In Full)											
✓ UnitedHealth Group Incorporated	PAC (Un	ited for Heal	lth)								
Full Name (Last, First, Middle Initial)											
A. Valley Political Action Committee						Date of	f Disk	burse	ment		
Mailing Address PO Box 77693						09	/	26			012
,	State	Zip Code				FEC Id	entifi	cation	Numbe	ər	
Washington	DC	20013				0					-
Purpose of Disbursement			01	1		С	C004	43119)7		
Contribution Candidate Name									ID : 353		
			Categ			Amount	t of E	Each	Disburs	emen	t this Period
Valley Political Action Committee Office Sought: House Disburse	ment For:		Тур	Je	_						2000.00
Senate	Primary	General								-	1 40 1
President	Other (spec	cify) 🔻				Me	emo l		Contribu	tion	
State: District:											
Full Name (Last, First, Middle Initial)											
^{B.} Susan Davis for Congress						Date of Disbursement					
Mailing Address PO Box 84049						09	/	20			012
City	State	Zip Code				FEC Id	ontifi	cation	Numb)r	
San Diego	CA	92138					entin	cation	i Numbe	71	_
Purpose of Disbursement			04			С	C003	34467	1		
Contribution Candidate Name			01	1		Tra	insac	tion	ID : 353	18002	2
			Categ			Amount	t of E	Each	Disburs	emen	t this Period
Davis, Susan, A., Rep., Office Sought: Y House Disburse	ment For: 2	2012	Тур	be	_	· · ·					1000.00
Senate	Primary	-				<u> </u>					1000.00
President	Other (spec	General				-			Contribu	ition	
State: CA District: 53		,				Me	emo l	tem			
Full Name (Last, First, Middle Initial)											
C. Yoder For Congress, Inc						Date of	f Dist	burse	ment		
Mailing Address PO Box 26742						м м 09	/	26			012
City	State	Zip Code			+		o D1:4:	oot!	Nume		
Overland Park	KS	66225				FEC Id	entific	cation	Numbe	+r	
Purpose of Disbursement						С	C004	47236	65		
Contribution			01	1		Tra	ansad	ction	ID : 353	1800	3
Candidate Name			Categ			Amount	t of E	Each	Disburs	emen	t this Period
Yoder, Kevin, , Rep., Office Sought: Y House Disburse	ment For: 2	040	Тур	be	_						2500.00
Office Sought: X House Disburse	Primary	General									
President	Other (spec					—			Contribu	ution	
State: KS District: 03	(-1.00	<i></i>				Me	emo l	tem			
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SUBTOTAL of Disbursements This Page (optional)				🕨				,			5500.00
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TOTAL This Period (last page this line number only)			🕨				9			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 153 OF 160			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	v one)			
		Summary Page	21b	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State	I ments may r	not be sold or use					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)				
Full Name (Last, First, Middle Initial)							
A. Vicky Hartzler For Congress				Date of Disbursement			
Mailing Address PO Box 415004				09 26 / Y Y Y Y 2012			
City	State	Zip Code					
Kansas City	MO	64141		FEC Identification Number			
Purpose of Disbursement				C C00464602			
Contribution			011	Transaction ID : 35318004			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Hartzler, Vicky, , Rep., Office Sought: Y House Disburse	ment For: 2	2012	Туре	1000.00			
Senate	Primary	General					
President	Other (spec	cify)		Contribution Memo Item			
State: MO District: 04				<u> </u>			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
- Issa for Congress	³ Issa for Congress						
Mailing Address PO Box 760				09 / 26 / Y Y Y Y 2012			
City	State	Zip Code		FEC Identification Number			
Vista Purpose of Disbursement	CA	92085-0760					
Contribution		011	C C00350520				
Candidate Name			Category/	Transaction ID : 35318005 Amount of Each Disbursement this Period			
Issa, Darrell, , Rep.,			Type				
J		2012		3000.00			
Senate President	Primary Other (spec	General		Contribution			
State: CA District: 49	Strier (spec	(עייט		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Great Land PAC				Date of Disbursement			
				09 26 2012			
Mailing Address 700 13th Street NW, Suite 600				09 20 2012			
City	State	Zip Code		FEC Identification Number			
Washington Purpose of Disbursement	DC	20005					
Contribution			011	C C00457747			
Candidate Name			Category/	Transaction ID : 35318006 Amount of Each Disbursement this Period			
Great Land PAC			Type				
	ment For:			2500.00			
Senate President	Primary Othor (spo)	General		Contribution			
State: District:	Other (spec	uny) ▼		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 154 OF 160				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check o	/ one)				
		Summary Page	21					
			28					
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (U	nited for Hea	lth)					
Full Name (Last, First, Middle Initial)								
A. Cooper For Congress				Date of Disbursement				
Mailing Address c/o DGLF CPAS & Business Advi PO Box 198087	sors			09 26 2012				
City	State	Zip Code						
Nashville	TN	37219		FEC Identification Number				
Purpose of Disbursement				C C00376665				
Contribution			011	Transaction ID : 35318007				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Cooper, James, H.S., Rep.,			Туре					
Office Sought: X House Disburse	ement For:	2012		1000.00				
Senate	Primary	X General						
President	Other (spe	ecify) 🔻		Contribution Memo Item				
State: TN District: 05								
Full Name (Last, First, Middle Initial)								
^{B.} Blumenthal For Connecticut				Date of Disbursement				
Mailing Address c/o Cacace Tusch & Santagata				09 26 2012				
777 Summer St., Suite 103				2012				
City	State	Zip Code						
Stamford	СТ	06901		FEC Identification Number				
Purpose of Disbursement				C C00492991				
Contribution			011	Transaction ID : 35318008				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Blumenthal, Richard, , Sen.,			Туре					
	ement For:			1000.00				
	Primary	General		Contribution				
President	Other (spe	ecify)		Memo Item				
State: CT District:				had the second s				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Gingrey For Congress				M M / D D / Y Y Y Y				
Mailing Address PO Box U				09 26 2012				
	1	1						
City Mariatta	State	Zip Code		FEC Identification Number				
Marietta Purpose of Disbursement	GA	30060		C C00270792				
Contribution			011	С соозтотвз				
Candidate Name				Transaction ID : 35318012				
Gingrey, Phil, , Rep., M.D.			Category/ Type	Amount of Each Disbursement this Period				
	ement For:	2012	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2000.00				
Senate	Primary	General						
President	Other (spe			Contribution				
State: GA District: 11				Memo Item				
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COLICIAL OF DISDUISEMENTS THIS FAYE (OPHONIA).			•••••					
TOTAL This Period (last page this line number only	/)		⊾					
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SCHEDULE B (FEC Form 3X)		arata cabadula(a)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	not be sold or us ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorpora	ated PAC (Ur	nited for Hea	llth)	
Full Name (Last, First, Middle Initial)				Date of Disbursement
	100			09 26 2012
Mailing Address 919 Congress Ave, Suite 14	1			20 2012
City Austin	State TX	Zip Code 78701		FEC Identification Number
Purpose of Disbursement		78701		0 000007404
Contribution			011	C C00387464
Candidate Name			Catagory	Transaction ID : 35318013 Amount of Each Disbursement this Period
Alamo PAC			Category/ Type	Amount of Each Dispursement this Fehou
Office Sought: House Dis	sbursement For:	I		2500.00
Senate President	Primary Other (spe	General cify) ▼		Contribution
State: District:		(), (), (), (), (), (), (), (), (), (),		Memo Item
Full Name (Last, First, Middle Initial)				
B. Defend America PAC				Date of Disbursement
Mailing Address PO Box 2626	°O Box 2626			09 26 2012
City	State	Zip Code		FEC Identification Number
Tuscaloosa	AL	35403		
Purpose of Disbursement Contribution			011	С сооз25993
Candidate Name				Transaction ID : 35318014
Defend America PAC			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Dis	sbursement For:		3 1 ² -	2000.00
Senate	Primary	General		Contribution
President	Other (spe	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement
^{C.} Karen Bass For Congress				
Mailing Address 777 S. Figueroa Street, Suit	te 4050			09 / D D / Y Y Y Y 26 / 2012
City	State	Zip Code		EEC Identification Number
Los Angeles	CA	90017		FEC Identification Number
Purpose of Disbursement				C C00476523
Contribution			011	Transaction ID: 35318015
Candidate Name			Category/	Amount of Each Disbursement this Period
Bass, Karen, , Rep., Office Sought: X House Dis	sbursement For:	2012	Туре	1000.00
Senate	Primary	General		
President	Other (spe			Contribution Memo Item
State: CA District: 33				
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 156 OF 160			
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the		one) 22 X 23 26 27			
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NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporate	ed PAC (U	nited for Hea	alth)				
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Wyden for Senate							
Mailing Address 232 NE 9th Avenue				09 26 2012			
City Portland	State OR	Zip Code 97232		FEC Identification Number			
Purpose of Disbursement				C C00308676			
Contribution			011	Transaction ID : 35318016			
Candidate Name Wyden, Ronald, L., Sen.,			Category/ Type	Amount of Each Disbursement this Period			
	ursement For:	2016	турс	2000.00			
X Senate	X Primary	General		Contribution			
State: OR District:	Other (spe	ecify) 🔻		Contribution Memo Item			
Full Name (Last, First, Middle Initial)							
B. The Congressman Joe Barton		Date of Disbursement					
Mailing Address PO Box 1444				09 / 26 / Y Y Y Y 2012			
City	State	Zip Code		FEC Identification Number			
Ennis Purpose of Disbursement	ТХ	75120		C C00195065			
Contribution			011	C C00195065			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Barton, Joe, Linus, Rep., Office Sought: X House Disb	ursement For:	2012	Туре	1000.00			
Senate	Primary	General					
President	Other (spe	ecify)		Contribution			
State: TX District: 06							
Full Name (Last, First, Middle Initial)C. Ron Barber For Congress				Date of Disbursement			
Mailing Address PO Box 57715				09 / 26 / Y Y Y Y 2012			
City	State	Zip Code		FEC Identification Number			
Tucson Purpose of Disbursement	AZ	85732					
Contribution			011	C C00512129			
Candidate Name			Category/	Transaction ID : 35318025 Amount of Each Disbursement this Period			
Barber, Ronald, , Mr.,			Туре	2500.00			
Office Sought: X House Disb	ursement For:	2012 Ceneral					
President	Other (spe			Contribution Memo Item			
State: AZ District: 02							
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 157 OF 160									
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only										
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Any information copied from such Reports and State or for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)										
Full Name (Last, First, Middle Initial)	Date of Disburgement												
A. LYDON, SCOTT THOMAS, , ,	Date of Disbursement												
Mailing Address 2 PLOWBOY PATH	09 08 2012												
City COMMACK	State NY	Zip Code 11725		FEC Identification Number									
Purpose of Disbursement				С									
Refund of Contribution			010	Transaction ID : 35238725									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period 1736.00									
Office Sought: House Disburse	ment For:		. 190										
Senate President	Primary Other (spe	General		Refund of Contribution									
State: District:													
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial) 3.												
D.													
Mailing Address	Mailing Address												
City	State	Zip Code		FEC Identification Number									
Purpose of Disbursement				С									
Candidate Name	Cotoror	Amount of Each Disburgement this Design											
	Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disbursement For: Senate Primary General													
President				Memo Item									
State: District:													
Full Name (Last, First, Middle Initial)	Date of Disbursement												
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Mailing Address													
City	State	Zip Code		FEC Identification Number									
Purpose of Disbursement				С									
Candidate Name	Amount of Each Disbursement this Period												
Office Sought: House Disburse Senate	ment For: Primary												
President													
State: District:				Memo Item									
SUBTOTAL of Disbursements This Page (optional).			····· b	1736.00									
				1736.00									
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate for each categ Detailed Sum	gory of the	FOR LINE (check only 21b 28a									
Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and address	of any political	committee to									
UnitedHealth Group Incorporated	PAC (United	d for Healt	h)									
Full Name (Last, First, Middle Initial) A. Keep State Representative Jeff Gre Mailing Address PO Box 1007	er			Date of Disbursement								
City		Code		FEC Identification Number								
Brandenburg Purpose of Disbursement	KY 40	0108										
Jeff Greer, STATE HOUSE 27th KY			011	C Transaction ID : 35237958								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Greer, Jeff, , KY Rep.,	amont Fam. 0040		Туре	750.00								
Office Sought: House Disburs Senate President State: KY District: 27	ement For: 2012 Primary X Other (specify)		Jeff Greer, STATE HOUSE 27th Memo Item KY									
B. Tom Buford for Senate Mailing Address 409 West Maple Street	Tom Buford for Senate											
City Nicholasville		Code 0356		FEC Identification Number								
Purpose of Disbursement Tom Buford, STATE SENATE 22nd KY Candidate Name Buford, Tom, , Senator,	· · · · · ·	[011 Category/ Type	C Transaction ID : 35237959 Amount of Each Disbursement this Period								
	ement For: 2014 Primary Other (specify)	General		Tom Buford, STATE SENATE 22nd Memo Item KY								
Full Name (Last, First, Middle Initial) C. Friends of Ryan Yamane	Date of Disbursement											
Mailing Address 94-1466 Okupu Street	09 12 2012											
City Waipahu Purpose of Disbursement	· · ·	Code 6797		FEC Identification Number								
Ryan Yamane, STATE HOUSE 37th HI			011 Category/	Transaction ID : 35237960 Amount of Each Disbursement this Period								
Yamane, Ryan, , HI Rep., Office Sought: House Disburs Senate President State: HI District: 37	ement For: 2012 Primary X Other (specify)	General ▼	Туре	500.00 Ryan Yamane, STATE HOUSE Memo Item 37th HI								
SUBTOTAL of Disbursements This Page (optional)			····· ►	2000.00								
TOTAL This Period (last page this line number onl	y)		•••••									

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 159 OF 160									
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	y information copied from such Reports and State for commercial purposes, other than using the na								e of s					
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (Un	ited for Healt	th)										
	Full Name (Last, First, Middle Initial)													
Α.	Friends of Josh Green		Date o	f Disbur	seme	nt								
	Mailing Address PO Box 487	_	09 12 2012											
	City State Zip Code							FEC Identification Number						
	Kailua-kona	HI	96745				FEC Id	lentificat	on N	umber	ſ	_		
	Purpose of Disbursement	C												
	Josh Green, STATE SENATE 3rd HI	(011			ansactic	n ID -	3523	7961					
	Candidate Name			Category/			Transaction ID : 35237961 Amount of Each Disbursement this Period							
	Green, Josh, , HI Sen., MD				ype									
	Office Sought: House Disburse	ment For: 2	2012				L .	_				500.00		
	X Senate	Primary	X General											
	State: HI District:	Other (spec	cify) 🔻				Josh Green, STATE SENATE 3r Memo Item HI							
	Full Name (Last, First, Middle Initial)													
B.	Pat McCrory Committee						Date of Disbursement							
	Mailing Address 1235E East Boulevard, Suite 179						09 24 2012							
	City			_										
	Charlotte	State Zip Code NC 28203-5707				FEC Identification Number								
	Purpose of Disbursement			-	_		C Transaction ID : 35302994 Amount of Each Disbursement this Period							
	Pat McCrory, GOVERNOR NC			(011									
	Candidate Name			Cat	egory/								iod	
	McCrory, Pat, , ,	McCrory, Pat, , ,												
	Office Sought: House Disburse	-					2000.00							
	Senate	X General						Det	MaCr	on (
	President	President Other (specify)						emo Iten	Pat McCrory, GOVERNOR NO					
	State: District:	1					IVIE	ento iten	1					
	Full Name (Last, First, Middle Initial)													
C.	Apodaca for NC Senate Committee		Date of Disbursement											
	·						M M / D D / Y Y Y Y					1		
	Mailing Address 1504 Fifth Avenue, West		09		30		20	12						
	City	State	Zip Code			+								
	Hendersonville	NC	28739				FEC ld	lentificat	on N	umber	·			
	Purpose of Disbursement						C							
	Void - Check dated 08.07.2012 011							Transaction ID : 35356271						
	Candidate Name	egory/		Amount of Each Disbursement this Period						iod				
	Apodaca, Tom, , NC Sen.,		ype											
	Office Sought: House Disburse						_	_	- 2	000.00				
	X Senate	Primary	K General				Void - Check dated 08.07.201							
	President	Other (spec	cify) 🔻					mo ltor		d - Ch	neck o	lated 08	07.2012	
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s	UBTOTAL of Disbursements This Page (optional).				L		_					500.00	Π	
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 160 OF 160								
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b								
Any information copied from such Reports and State or for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorporated	PAC (U	nited for Heal	th)									
Full Name (Last, First, Middle Initial) A. Rick Snyder for Michigan			Date of Disbursement									
Mailing Address 320 N Main St., Suite 104		09 30 / Y Y Y Y Y 2012										
City Ann Arbor	State MI	Zip Code 48104		FEC Identification Number								
Purpose of Disbursement Void - Check dated 08.06.2012 Candidate Name			011	C Transaction ID : 35398913								
Snyder, Richard, D., MI Gov.,			Category/ Type	Amount of Each Disbursement this Period								
Office Sought: House Disburse Senate President	Office Sought: House Disbursement For: 2014 Senate X Primary											
State: District:				Memo Item								
Full Name (Last, First, Middle Initial) B. Mailing Address												
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City	State	Zip Code		FEC Identification Number								
Purpose of Disbursement				С								
Candidate Name		Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburse Senate President	ement For: Primary Other (sp	General ecify)										
State: District:				Memo Item								
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)											
Mailing Address												
City	State	Zip Code		FEC Identification Number								
Purpose of Disbursement		C										
Candidate Name	Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President	Primary Genera											
State: District:		cony) 🔻		Memo Item								
SUBTOTAL of Disbursements This Page (optional)			····· •	- 3000.00								
TOTAL This Period (last page this line number only	y)		••••••	- 500.00								