

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9900 Bren Road East Check if different than previously reported. (ACC) Minnetonka MN 55343

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

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 01 29 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
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| M | M |
| 1 | 2 |

| | |
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| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 100128.32 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 167958.18 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 37145.14 | 496725.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 205103.32 | 596853.32 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 18500.00 | 410250.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 186603.32 | 186603.32 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 31071.28 | 277476.47 |
| (i) Itemized (use Schedule A) | 6073.86 | 75196.31 |
| (ii) Unitemized | 37145.14 | 352672.78 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 37145.14 | 352672.78 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 142052.22 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 37145.14 | 496725.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 37145.14 | 496725.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12500.00 | 341500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 6000.00 | 68750.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 18500.00 | 410250.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 18500.00 | 410250.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 37145.14 | 352672.78 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 37145.14 | 352672.78 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. CHERYL A POPECK | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 800 N Magnolia Ave., S#600 FL029-1029 | | Transaction ID: PR1159799416253 | |
| City State Zip Code Orlando FL 32803 | Amount of Each Receipt this Period _____ 20.00 | | |
| FEC ID number of contributing federal political committee. C _____ | P/R Deduction (\$10.00 Bi-Weekly) | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director of Operations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 260.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. HERBERT L WHETSTINE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 513 Eaton St. MN003-1000 | | Transaction ID: PR1159803616253 | |
| City State Zip Code St. Paul MN 55107 | Amount of Each Receipt this Period _____ 19.22 | | |
| FEC ID number of contributing federal political committee. C _____ | P/R Deduction (\$9.61 Bi-Weekly) | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Aviation Department Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 249.86 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. BRIAN R BELLOWS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 1175 Post Rd East | | Transaction ID: PR1159803816253 | |
| City State Zip Code Westport CT 06880 | Amount of Each Receipt this Period _____ 30.00 | | |
| FEC ID number of contributing federal political committee. C _____ | P/R Deduction (\$15.00 Bi-Weekly) | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President Sales Strategic Service | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 390.00 | | |

| | |
|--|--------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 69.22 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
KEITH W NOBLITT

Mailing Address 2970 Clairmont Rd #650

City Atlanta State GA Zip Code 30329-1634

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

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159805516253

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 2717 N. 118th Lucile

City Omaha State NE Zip Code 68164

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

Name of Employer UnitedHealth Group, Inc. Occupation V.P. Govt Relations, UHC Midlands

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159806016253

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 5901 Lincoln Drive MN012-N220

City Edina State MN Zip Code 55436

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

Name of Employer UnitedHealth Group, Inc. Occupation Director of Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159807416253

Amount of Each Receipt this Period
20.00

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

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 98.46 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. TRACY L BAHL | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB | | Transaction ID: PR1159808416253 |
| City State Zip Code Hartford NY 06115 | Amount of Each Receipt this Period _____ 384.60 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$192.30 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation President, Strategic Services Group | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 4999.80 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. KENNETH A BURDICK | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 9900 Bren Road East MN008-W318 | | Transaction ID: PR1159808916253 |
| City State Zip Code Minnetonka AZ 55343 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP of Underwriting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 520.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. NANCY C ABELMANN | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 5901 Lincoln Drive MN012-N220 | | Transaction ID: PR1159809116253 |
| City State Zip Code Edina MN 55440-1459 | Amount of Each Receipt this Period _____ 23.08 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$11.54 Bi-Weekly) |
| Name of Employer United HealthCare Corpora- tion | Occupation Tax Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.04 | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 447.68 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. LOIS E QUAM | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159813716253 |
| Mailing Address 9900 Bren Road East MN008-T300 | | Amount of Each Receipt this Period 384.60 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$192.30 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO, Ovations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. RICHARD A COLLINS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814016253 |
| Mailing Address 450 Columbus Blvd CT030-1030 | | Amount of Each Receipt this Period 100.00 |
| City Hartford | State IN | Zip Code 06115-0450 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$50.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Underwriting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. THOMAS H LINDQUIST | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814116253 |
| Mailing Address 9900 Bren Road East MN008-T300 | | Amount of Each Receipt this Period 307.68 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$153.84 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation President, AARP Division, Ovations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3999.84 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 792.28 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
DAVID S WICHMANN

Mailing Address 9900 Bren Road East
MN008-W304

City State Zip Code
Minnetonka MN 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP - Corporate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159814716253

Amount of Each Receipt this Period
384.60

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

B. Full Name (Last, First, Middle Initial)
SAUL FELDMAN

Mailing Address 405 Market Street
CA035-2701

City State Zip Code
San Francisco CA 94105

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO United Behavioral Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159815216253

Amount of Each Receipt this Period
153.84

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

C. Full Name (Last, First, Middle Initial)
PATRICK J ERLANDSON

Mailing Address 9900 Bren Road E
MN008-8315

City State Zip Code
Minnetonka MN 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Corporate Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1159815916253

Amount of Each Receipt this Period
384.60

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 923.04 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JOHN S PENSCHORN | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 9900 Bren Road East MN008-8092 | | Transaction ID: PR1159816916253 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Investor Relations | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2600.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. SERAFIN F SANDELLA | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 601 Office Center Drive | | Transaction ID: PR1159817216253 |
| City Ft Washington | State PA | Zip Code 19034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer United HealthGroup, Inc. | Occupation Director Compliance AARP | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PAUL D KALLMEYER | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 601 Office Center Drive PA020-1011 | | Transaction ID: PR1159817416253 |
| City Ft. Washington | State PA | Zip Code 19034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 70.00 |
| Name of Employer United HealthGroup | Occupation Attorney | P/R Deduction (\$35.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 335.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. JACK E SHUFF | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 1160 Town Center Dr., Ste 390 NV005-1000 | | Transaction ID: PR1159830516253 |
| City Las Vegas | State GA | Zip Code 89134 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Sales and Service | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.98 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. PAUL J GRANDPRE | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blvd 3NB-A | | Transaction ID: PR1159837116253 |
| City Hartford | State CT | Zip Code 06115-0450 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Customer Admin Svcs | P/R Deduction (\$10.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. JOHN F STEVENSON | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blvd 5NB-B | | Transaction ID: PR1159839316253 |
| City Hartford | State CT | Zip Code 06115-0450 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.60 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Associate General Counsel | P/R Deduction (\$9.80 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 254.80 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 78.06 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. JILL WINTERS | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 77 West Port Plaza, Ste 500 MO10-3350 | | Transaction ID: PR1159840416253 |
| City State Zip Code St. Louis MO 63146 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 108.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President Medicare & Regul. Affai | P/R Deduction (\$54.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. RICHARD SEGAN | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 281 Winter St., Suite 301 MA66-1000 | | Transaction ID: PR1159841216253 |
| City State Zip Code Waltham MA 02154 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 108.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive Director - Evercare | P/R Deduction (\$54.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 392.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. THOMAS E BURTON | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Boulevard 15NB-A/CT30-1030 | | Transaction ID: PR1159841616253 |
| City State Zip Code Hartford CT 06115-0450 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 16.66 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Accountant | P/R Deduction (\$8.33 Bi-W- eekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.58 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 232.66 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. DEBORAH MATES CHASKES | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530798516253 |
| Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000 | | Amount of Each Receipt this Period 200.00 |
| City State Zip Code Vienna VA 22182 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$100.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Attorney | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2600.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. THELMA DUGGIN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530799216253 |
| Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000 | | Amount of Each Receipt this Period 384.62 |
| City State Zip Code Vienna VA 22182 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$192.31 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4999.90 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mr EDGAR G RIOS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550188316253 |
| Mailing Address 8045 Leesburg Pike, 6th Fl | | Amount of Each Receipt this Period 384.60 |
| City State Zip Code Vienna VA 22182 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$192.30 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Lawyer | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4999.80 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 969.22 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MARY G SHINHAM | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 100 Penn Square, FL9 PA040-1000 | | Transaction ID: PR1550190916253 |
| City Philadelphia State VA Zip Code 19107 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Executive | Aggregate Year-to-Date ▼ _____ 520.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. JAQUELYN E ALBRIGHT | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 9900 Bren Road East MN008-T202 | | Transaction ID: PR1550191016253 |
| City Minnetonka State MN Zip Code 55343 | Amount of Each Receipt this Period _____ 57.70 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$28.85 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Attorney | Aggregate Year-to-Date ▼ _____ 750.10 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DAVID P INGRAHAM | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 9900 Bren Road East MN008-T500 | | Transaction ID: PR1550191116253 |
| City Minnetonka State MN Zip Code 55343 | Amount of Each Receipt this Period _____ 154.00 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$77.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Executive | Aggregate Year-to-Date ▼ _____ 1798.51 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 251.70 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. TIMOTHY J HEADY | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MN012-S234 | | Transaction ID: PR1551122516253 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1040.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER R HOCK | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-13NB | | Transaction ID: PR1551128916253 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 23.08 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$11.54 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.04 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JAMES THOMAS JARRATT | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 9900 Bren Road East MN008-E115 | | Transaction ID: PR1551132116253 |
| City Minnetonka | State TX | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 76.92 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Relations | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.96 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 180.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JEFFREY W KAGAN | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 2950 Expressway Drive South Ste 24 NY033-1000 | | Transaction ID: PR1551132316253 |
| City Islandia | State NY | Zip Code 11749-1412 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Financial Analyst | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JERRY J J KNUTSON | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 9900 Bren Road East MN008-T500 | | Transaction ID: PR1551132516253 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.23 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$11.54 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 203.79 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MICHAEL C MATTEO | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Transaction ID: PR1551133416253 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.98 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 97.69 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JOHN O ENDERLE | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-07SB | | Transaction ID: PR1554323516253 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 66.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$55.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. CHRISTINE MCCARTNEY HARRIS | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 450 Columbus Blve CT030-11NA | | Transaction ID: PR1554323616253 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | P/R Deduction (\$10.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. RICK M JELINEK | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 9900 Bren Road East MN008-T500 | | Transaction ID: PR1554323916253 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 96.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior Management | P/R Deduction (\$48.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1248.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 182.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. KIRK E STAPLETON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 5901 Lincoln Drive MN012-S138 | | Transaction ID: PR1554324716253 | | |
| City Edina State MN Zip Code 55436 | Amount of Each Receipt this Period _____ 100.00 | | P/R Deduction (\$50.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Network Development | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1300.00 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. CRAIG C ANDERSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Transaction ID: PR1575957316253 | | |
| City Hartford State CT Zip Code 06103 | Amount of Each Receipt this Period _____ 38.46 | | P/R Deduction (\$19.23 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 499.98 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. KAREN L ERICKSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 5901 Lincoln Drive MN012-N110 | | Transaction ID: PR1575957616253 | | |
| City Edina State MN Zip Code 55436 | Amount of Each Receipt this Period _____ 80.00 | | P/R Deduction (\$40.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1040.00 | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 218.46 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) ERNEST MONFILETTO | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958116253 |
| Mailing Address The Wannamaker Building 100 Penn S PA040-1000 | | Amount of Each Receipt this Period 153.84 |
| City Philadelphia State NY Zip Code 19107 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$76.92 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Computer Operations | Aggregate Year-to-Date 1999.92 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) LEE D VALENTA | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958516253 |
| Mailing Address 12125 TECHNOLOGY DRIVE MN002-0100 | | Amount of Each Receipt this Period 384.60 |
| City EDEN PRAIRIE State MN Zip Code 55344 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$192.30 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Aggregate Year-to-Date 4999.80 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) TOM M DAVIS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580863516253 |
| Mailing Address 5975 Castle Creek PKWY N DR STE 1 IN040-1000 | | Amount of Each Receipt this Period 80.00 |
| City Indianapolis State IN Zip Code 46250 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Director Sales | Aggregate Year-to-Date 1040.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 618.44 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. RICHARD J HUGHES | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304116253 |
| Mailing Address 6300 Olson Memorial Hwy MN010-S268 | | Amount of Each Receipt this Period 20.00 |
| City Golden Valley State MN Zip Code 55427 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Administration | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 260.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. PAMELA N HURSH | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304216253 |
| Mailing Address 6300 Olson Memorial HWY MN010-S203 | | Amount of Each Receipt this Period 50.00 |
| City Golden Valley State MN Zip Code 55427 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$25.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Accountant | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 650.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. JOHN KING | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304416253 |
| Mailing Address 450 Columbus Blvd CT030-03NB | | Amount of Each Receipt this Period 20.00 |
| City Hartford State CT Zip Code 06103 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Sales | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 260.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GEORGE L MIKAN III | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 9900 Bren Road East MN008-T700 | | Transaction ID: PR1596304816253 |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 153.84 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$76.92 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1999.92 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. CAROL B MORNESS | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 6300 Olson Memorial HWY MN010-E112 | | Transaction ID: PR1596304916253 |
| City State Zip Code Golden Valley MN 55427 | Amount of Each Receipt this Period _____ 76.92 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$38.46 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation Underwriting | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 999.96 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. PAMELA J RUSSO | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 425 Market St FL 12/13/27 CA035-2700 | | Transaction ID: PR1596305016253 |
| City State Zip Code San Francisco CA 94105 | Amount of Each Receipt this Period _____ 23.08 | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$11.54 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. | Occupation Personnel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.04 | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 253.84 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

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

Mailing Address 9900 Bren Road East
MN008-W395

City State Zip Code
Minnetonka MN 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1596305616253

Amount of Each Receipt this Period
38.46

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

B. Full Name (Last, First, Middle Initial)
ROGER A WEBER

Mailing Address 6300 Olson Memorial Hwy
MN010-W115

City State Zip Code
Golden Valley MN 55427

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

Name of Employer UnitedHealth Group, Inc. Occupation Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1596305716253

Amount of Each Receipt this Period
23.08

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

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

Mailing Address 3838 N Causeway Blvd STE 2100
LA035-1000

City State Zip Code
Metairie FL 70002

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1596306916253

Amount of Each Receipt this Period
76.92

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 138.46 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 45 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ROBERT W OBERRENDER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596307016253 |
| Mailing Address 9900 Bren Road East MN008-T380 | | Amount of Each Receipt this Period 58.00 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$29.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Cash Management | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 754.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ROBERT REBITZER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596307116253 |
| Mailing Address 425 Market St Fl 12/13/27 CA035-2700 | | Amount of Each Receipt this Period 19.23 |
| City State Zip Code San Francisco CA 94105 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$0.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 461.52 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. DIANE L BEDNAR-FLYNN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309716253 |
| Mailing Address 9900 Bren Road East MN008-W130 | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code Minnetonka NY 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Health Care Services | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 520.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 117.23 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 46 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. LISA M BEHNKE | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309816253 |
| Mailing Address Two Penn Plaza 6/7 Floors NY036-1000 | | Amount of Each Receipt this Period 200.00 |
| City State Zip Code New York FL 10121 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$100.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Medicine | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2600.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. TROY A BORCA | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596310416253 |
| Mailing Address 9900 Bren Road East MN008-T500 | | Amount of Each Receipt this Period 20.00 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Finance | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. JEFFREY S COOK | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596311316253 |
| Mailing Address 5959 Northwest Pkwy Ste 107 TX061-1000 | | Amount of Each Receipt this Period 23.08 |
| City State Zip Code San Antonio TX 78249 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$11.54 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Network Management | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.04 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 243.08 |
| TOTAL This Period (last page this line number only) ▶ | (Empty field) |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. RICHARD G DUNLOP | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 9200 Worthington Road OH020-3010 | | Transaction ID: PR1596312316253 | | |
| City State Zip Code Westerville OH 43082 | Amount of Each Receipt this Period _____ 20.00 | | P/R Deduction (\$10.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 605.00 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KEITH A EPPERSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 5901 Lincoln Drive MN012-N230 | | Transaction ID: PR1596312416253 | | |
| City State Zip Code Edina MN 55436 | Amount of Each Receipt this Period _____ 30.00 | | P/R Deduction (\$15.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Actuary | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 390.00 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JILLIAN R FOUCRE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 233 North Michigan Ave IL014-3605 | | Transaction ID: PR1596312716253 | | |
| City State Zip Code Chicago IL 60601 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior Management | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 520.00 | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 50 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) KURT A HEUMANN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596313716253 |
| Mailing Address 13655 Riverport Drive MO050-1000 | | Amount of Each Receipt this Period 24.00 |
| City Maryland Heights State MO Zip Code 63043 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$12.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Information Networking | Aggregate Year-to-Date ▼ 312.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) NANETTE R KARTSONIS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596314616253 |
| Mailing Address 9900 Bren Road East MN008-W130 | | Amount of Each Receipt this Period 55.00 |
| City Minnetonka State MN Zip Code 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$35.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Sales | Aggregate Year-to-Date ▼ 535.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) EDWARD LAGERSTROM | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596315016253 |
| Mailing Address 9900 Bren Road East MN008-T430 | | Amount of Each Receipt this Period 76.92 |
| City Minnetonka State MN Zip Code 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.46 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Information Systems | Aggregate Year-to-Date ▼ 999.96 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 155.92 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JEANNE E LUKAS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 9900 Bren Road East | | Transaction ID: PR1596315316253 | | |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 76.92 | | P/R Deduction (\$38.46 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 353.79 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. THOMAS CHARLES REKART | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 12125 Technology Drive MN002-0100 | | Transaction ID: PR1596316716253 | | |
| City State Zip Code Eden Prairie MD 55344 | Amount of Each Receipt this Period _____ 38.46 | | P/R Deduction (\$19.23 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 499.98 | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOHN H RENNICK JR | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 6230 Rairview Rd #315 NC015-1000 | | Transaction ID: PR1596316816253 | | |
| City State Zip Code Charlotte NC 28210-3253 | Amount of Each Receipt this Period _____ 38.46 | | P/R Deduction (\$19.23 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 499.98 | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 153.84 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JAMISON RICE | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MN012-S200' | | Transaction ID: PR1596316916253 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 23.08 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$11.54 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.04 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. STEPHAN S RODGERS | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MN012-S200 | | Transaction ID: PR1596317116253 |
| City Edina | State NY | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$115.38 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2999.88 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DANIEL I ROSENTHAL | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 13621 NW 12Th St FL075-1000 | | Transaction ID: PR1596317316253 |
| City Sunrise | State FL | Zip Code 33323 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.98 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 292.30 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) DAVID C STURKEY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596318416253 |
| Mailing Address 107 Westpark Blvd Ste 110 SC020-1000 | | Amount of Each Receipt this Period 76.92 |
| City Columbia State NC Zip Code 29210 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.46 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Health Care | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 999.96 | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) ROXANNE THOMAS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596318916253 |
| Mailing Address 9900 Bren Road East MN008-T615 | | Amount of Each Receipt this Period 23.08 |
| City Minnetoka State MN Zip Code 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$11.54 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Administrative | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 300.04 | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) CHRIS B TURNAU | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319116253 |
| Mailing Address 9900 Bren Road East MN008-T390 | | Amount of Each Receipt this Period 20.00 |
| City Minnetonka State MN Zip Code 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Tax Specialist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 120.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) MYRON R WERLEY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319616253 |
| Mailing Address 5901 Lincoln Drive MN012-N123 | | Amount of Each Receipt this Period 25.00 |
| City Edina State MN Zip Code 55436 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$12.50 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Insurance | Aggregate Year-to-Date ▼ 325.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) WILLIAM R WILSON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320016253 |
| Mailing Address 450 Columbus Blvd CT028-09SB | | Amount of Each Receipt this Period 20.00 |
| City Hartford State CT Zip Code 06103 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Underwriting | Aggregate Year-to-Date ▼ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) JANET P WRIGHT | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320116253 |
| Mailing Address 9200 Worthington Road OH020-3010 | | Amount of Each Receipt this Period 20.00 |
| City Westerville State OH Zip Code 43082 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Information Systems | Aggregate Year-to-Date ▼ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 65.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. EDWARD J WHEELER | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 64 Warner Road OH910-1000 | | Transaction ID: PR1600594416253 |
| City State Zip Code Hubbard OH 44425 | Amount of Each Receipt this Period _____ 80.00 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) | |
| Name of Employer Occupation UnitedHealth Group, Inc. Mktg & Strategic Performance | Aggregate Year-to-Date ▼ _____ 1040.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. STEVE L BROECKERT | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 2700 MIDWEST DRIVE WI010-1000 | | Transaction ID: PR1600597216253 |
| City State Zip Code ONALASKA WI 54650 | Amount of Each Receipt this Period _____ 23.08 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$11.54 Bi-Weekly) | |
| Name of Employer Occupation UnitedHealth Group, Inc. Securities | Aggregate Year-to-Date ▼ _____ 300.04 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. JOHN P DODDY | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 131 MORRISTOWN ROAD NJ006-1200 | | Transaction ID: PR1600597316253 |
| City State Zip Code BASKING RIDGE NJ 07920 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) | |
| Name of Employer Occupation UnitedHealth Group, Inc. Information Systems | Aggregate Year-to-Date ▼ _____ 520.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MARGUERITE EDWARDS | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 9009 CORPORATE LAKE DRIVE FL021-0540 | | Transaction ID: PR1600597416253 |
| City TAMPA State FL Zip Code 33634 | Amount of Each Receipt this Period _____ 76.92 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.46 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Management | Aggregate Year-to-Date ▼ _____ 999.96 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MICHAEL ILE | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 5901 LINCOLN DRIVE MN012-S200 | | Transaction ID: PR1600597616253 |
| City EDINA State MN Zip Code 55436 | Amount of Each Receipt this Period _____ 38.46 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$19.23 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Management | Aggregate Year-to-Date ▼ _____ 499.98 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. THOMAS J O'BRIEN | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 660 OAKMONT LANE #200 IL036-1000 | | Transaction ID: PR1600597816253 |
| City WESTMONT State FL Zip Code 60559 | Amount of Each Receipt this Period _____ 76.92 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.46 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Management | Aggregate Year-to-Date ▼ _____ 999.96 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 192.30 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. LAURA M BRANKER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1613243616253 |
| Mailing Address 8045 Leesburg Pike VA026-1000 | | Amount of Each Receipt this Period 57.70 |
| City Vienna State VA Zip Code 22182 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$28.85 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Public Relations | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 750.10 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. ALLEN LAWRENCE FINKELSTEIN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1620989016253 |
| Mailing Address 2 Gateway Center NJ040-1000 | | Amount of Each Receipt this Period 76.92 |
| City Newark State NY Zip Code 07102 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.46 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Administration | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 999.96 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. LINDA L CULLEN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1632359716253 |
| Mailing Address 9200 Worthington Road OH020-3010 | | Amount of Each Receipt this Period 20.00 |
| City Westerville State OH Zip Code 43082 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Public Relations | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 154.62 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. STEVE R KOOREN | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 6150 Trenton Lane N MN013-N400 | | Transaction ID: PR1653443216253 |
| City Plymouth State MN Zip Code 55442 | Amount of Each Receipt this Period _____ 115.38 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$57.69 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Aggregate Year-to-Date ▼ _____ 1499.94 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. SUE E BRAY | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 6150 TRENTON LN N MN013-N400 | | Transaction ID: PR1653444416253 |
| City PLYMOUTH State MN Zip Code 55442 | Amount of Each Receipt this Period _____ 23.08 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$11.54 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Accounting | Aggregate Year-to-Date ▼ _____ 300.04 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. ROBERT L HOLMAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address PO Box 9472 WI910-1000 | | Transaction ID: PR1653445016253 |
| City Minneapolis State WI Zip Code 55440-9472 | Amount of Each Receipt this Period _____ 20.00 | |
| FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. Occupation Sales | Aggregate Year-to-Date ▼ _____ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 158.46 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JEFF L LEVINE | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 6095 Marshalee Dr Ste 200 MD032-1000 | | Transaction ID: PR1806443216253 |
| City Elkridge | State MD | Zip Code 21075 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. WILLIAM TALAMANTES | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address Ste M/N, 10200 Old Columbia RD MD058-1000 | | Transaction ID: PR1806444716253 |
| City Columbia | State MD | Zip Code 21046 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 35.20 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$17.60 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.60 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. BRIAN THADEN | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 800 King Farm Blvd Ste 600 MD051-1000 | | Transaction ID: PR1806444816253 |
| City Rockville | State MD | Zip Code 20850 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Legal | P/R Deduction (\$10.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 95.20 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. HOLLY A BODE | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1817581116253 |
| Mailing Address Suite 530, 701 Pennsylvania Ave NW DC030-1000 | | Amount of Each Receipt this Period 76.96 |
| City Washington State DC Zip Code 20004 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$38.50 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Administration | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. SHERRI C PINOTTI | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1832039816253 |
| Mailing Address 12755 Highway 55 MN009-S200 | | Amount of Each Receipt this Period 57.70 |
| City Plymouth State MN Zip Code 55441 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$28.85 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Information Systems | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 750.10 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CHRISTIAN S BERGERON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1832301916253 |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Amount of Each Receipt this Period 57.70 |
| City Hartford State CT Zip Code 06103 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$28.85 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 750.10 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 192.36 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. SUSAN B EDBERG | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 9900 Bren Raod East MN008-T615 | | Transaction ID: PR1903578116253 | |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 200.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Service | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 2300.00 | | |
| | | P/R Deduction (\$100.00 Bi-Weekly) | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. DOROTHY S HINSHAW | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 3803 North Elm Street | | Transaction ID: PR1903586816253 | |
| City State Zip Code Greensboro NC 27455 | Amount of Each Receipt this Period _____ 20.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Claims Processing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 230.00 | | |
| | | P/R Deduction (\$10.00 Bi-Weekly) | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER T JOHNSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 9900 Bren Road East | | Transaction ID: PR1903591116253 | |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 20.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 230.00 | | |
| | | P/R Deduction (\$10.00 Bi-Weekly) | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 240.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 74 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. DONALD D LEON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 450 Columbus blvd | | Transaction ID: PR1903598516253 | |
| City State Zip Code Hartford CT 06103 | Amount of Each Receipt this Period _____ 20.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$10.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 230.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. HYONG JIN PARK | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 450 Columbus Blvd CT030-07SA | | Transaction ID: PR1903611416253 | |
| City State Zip Code Hartford CT 06103 | Amount of Each Receipt this Period _____ 40.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$20.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 460.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. JOHN C SANTELLI | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 9900 Bren Road East MN008-T615 | | Transaction ID: PR1903622016253 | |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 23.08 | | |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$11.54 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 265.42 | | |

| | |
|--|--------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 83.08 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 75 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. THOMAS L TRAN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903633216253 |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Amount of Each Receipt this Period 80.00 |
| City Hartford State CT Zip Code 06103 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 920.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. PAUL D WEYMOUTH | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903636916253 |
| Mailing Address 450 Columbus Blvd CT030-06NB | | Amount of Each Receipt this Period 38.46 |
| City Hartford State CT Zip Code 06103 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$19.23 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 442.29 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. DELBERT D MASON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907906416253 |
| Mailing Address 2525 Lake Park Boulevard UT015-0500 | | Amount of Each Receipt this Period 40.00 |
| City West Valley City State UT Zip Code 84120 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer UnitedHealth Group, Inc. Occupation Finance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 440.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 158.46 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 76 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. PAMELA JAMIAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 2080 East 20th Street | | Transaction ID: PR1910417416253 | | |
| City State Zip Code Chico CA 95928 | Amount of Each Receipt this Period _____ 23.08 | | P/R Deduction (\$11.54 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 242.34 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MARY C ACONIS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address P.O. Box 29613 | | Transaction ID: PR2119466416253 | | |
| City State Zip Code San Antonio TX 78229 | Amount of Each Receipt this Period _____ 60.00 | | P/R Deduction (\$30.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 360.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOSEPH E ADDIEGO | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 19 Monte Av | | Transaction ID: PR2119466616253 | | |
| City State Zip Code Piedmont CA 94611-3716 | Amount of Each Receipt this Period _____ 192.00 | | P/R Deduction (\$96.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 1152.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 275.08 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. GARY J AHWAH | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119466716253 |
| Mailing Address 2010 Velez Dr | | Amount of Each Receipt this Period 100.00 |
| City Rancho Palos Verde | State CA | P/R Deduction (\$50.00 Bi-Weekly) |
| Zip Code 90275-1426 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. BRADLEY E ALLEN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119466816253 |
| Mailing Address 1046 Thornberry Creek Dr | | Amount of Each Receipt this Period 40.00 |
| City Green Bay | State WI | P/R Deduction (\$20.00 Bi-Weekly) |
| Zip Code 54155 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. RAYNEE D ANDREWS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467116253 |
| Mailing Address 2323 Creekside Bend | | Amount of Each Receipt this Period 60.00 |
| City San Antonio | State TX | P/R Deduction (\$30.00 Bi-Weekly) |
| Zip Code 78259 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 200.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. BRENDAN BAKER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467416253 |
| Mailing Address 9183 E. Mountain Springs Road | | Amount of Each Receipt this Period 80.00 |
| City State Zip Code Scottsdale AZ 85255-9152 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Aggregate Year-to-Date ▼ 480.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. ALTHEA BARBER-SMITH | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467516253 |
| Mailing Address 3442 Alderly Lane | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code Orange CA 92867 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Medical Services | Aggregate Year-to-Date ▼ 240.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. RUSSELL A BENNETT | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468016253 |
| Mailing Address 5 Silver Creek | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code Irvine CA 92603 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Sales | Aggregate Year-to-Date ▼ 240.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 160.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. SUSAN LYNN BERKEL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 10 Shadow Glen | | Transaction ID: PR2119468116253 | |
| City Irvine | State CA | Zip Code 92620-0204 | Amount of Each Receipt this Period _____ 384.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 2304.00 | | |
| | | P/R Deduction (\$192.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. SHARON LORRY BOTTRILL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 3641 S. Greythorne Way | | Transaction ID: PR2119468716253 | |
| City Chandler | State AZ | Zip Code 85248 | Amount of Each Receipt this Period _____ 40.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. BRADFORD A BOWLUS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 3 Ocean Ridge Dr | | Transaction ID: PR2119468816253 | |
| City Newport Coast | State CA | Zip Code 92657-1554 | Amount of Each Receipt this Period _____ 380.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 2280.00 | | |
| | | P/R Deduction (\$190.00 Bi-Weekly) | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 804.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. HANS O CHRISTENSEN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119470616253 |
| Mailing Address 1825 Woodhaven Court | | Amount of Each Receipt this Period 50.00 |
| City State Zip Code Luxemburg WI 54217 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$25.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Aggregate Year-to-Date 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. HAROLD COATS | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119471016253 |
| Mailing Address 8112 Sapphire Bay Circle | | Amount of Each Receipt this Period 100.00 |
| City State Zip Code Las Vegas NV 89128-7718 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$50.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Director | Aggregate Year-to-Date 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. RANDELL J CORREIA | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119471316253 |
| Mailing Address P.O. Box 1025 | | Amount of Each Receipt this Period 60.00 |
| City State Zip Code Rancho Santa Fe CA 92067 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$30.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Aggregate Year-to-Date 360.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. RICHARD A CROSS | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 11361 Donovan Road | | Transaction ID: PR2119471816253 |
| City State Zip Code Rossmoor CA 90720 | Amount of Each Receipt this Period _____ 50.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Legal | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | P/R Deduction (\$25.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. WILLIAM JOHN CUNNINGHAM, MD | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 26321 Cannes | | Transaction ID: PR2119471916253 |
| City State Zip Code Mission Viejo CA 92692 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. KENNETH R DAVIS | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 7640 N 10Th Ave | | Transaction ID: PR2119472516253 |
| City State Zip Code Phoenix AZ 85021 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. LINDA M DAYAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 5364 E.Abbeyfield St | | Transaction ID: PR2119472616253 | | |
| City State Zip Code Long Beach CA 90815-3023 | Amount of Each Receipt this Period _____ 38.00 | | P/R Deduction (\$19.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 228.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DONNAL DEBNER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 1727 Aspen Ridge | | Transaction ID: PR2119472716253 | | |
| City State Zip Code San Antonio TX 78248 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ANDREA E DILWEG | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 2321 Carroll Pk South | | Transaction ID: PR2119472916253 | | |
| City State Zip Code Long Beach CA 90814-2230 | Amount of Each Receipt this Period _____ 74.00 | | P/R Deduction (\$37.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 444.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 152.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 84 / 109 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

| | | | |
|---|-----------------------------------|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. KEVIN J DONNELLY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119473016253 | |
| Mailing Address 20300 Via Tarragona | | Amount of Each Receipt this Period 40.00 | |
| City Yorba Linda | State CA | Zip Code 92887 | P/R Deduction (\$20.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 240.00 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------------------|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. JOSEPH S DOOLEY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119473116253 | |
| Mailing Address 2891 Shelter Creek Court | | Amount of Each Receipt this Period 60.00 | |
| City Green Bay | State WI | Zip Code 54313 | P/R Deduction (\$30.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 360.00 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Technology | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-----------------------|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. BRUCE B FALLIK | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119473716253 | |
| Mailing Address 530 Orpheus Avenue | | Amount of Each Receipt this Period 40.00 | |
| City Encinitas | State CA | Zip Code 92024 | P/R Deduction (\$20.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 240.00 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 140.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) KATHERINE F FEENY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119473816253 |
| Mailing Address 25 Sparrowhawk | | Amount of Each Receipt this Period 384.60 |
| City Irvine State CA Zip Code 92604-3225 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. Occupation Marketing | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 2305.50 | | P/R Deduction (\$192.30 Bi-Weekly) |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) BRADLEY M FLUITT | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119474116253 |
| Mailing Address 108 North Rolling Oaks | | Amount of Each Receipt this Period 60.00 |
| City San Antonio State TX Zip Code 78253 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. Occupation Information Systems | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 360.00 | | P/R Deduction (\$30.00 Bi-Weekly) |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) ROBERT A FRIEDMAN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119474516253 |
| Mailing Address 24336 La Masina Ct. | | Amount of Each Receipt this Period 40.00 |
| City Calabasas State CA Zip Code 91302 | FEC ID number of contributing federal political committee. C | |
| Name of Employer UnitedHealth Group, Inc. Occupation Sales | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 240.00 | | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 484.60 |
| TOTAL This Period (last page this line number only) | [] |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. JOHN F FRITZ | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 25 Elliot Lane | | Transaction ID: PR2119474616253 |
| City State Zip Code Coto De Caza CA 92679-5155 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Actuary | P/R Deduction (\$60.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 720.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ANGELO GIAMBRONE | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 18467 Santa Leonora Cir | | Transaction ID: PR2119475116253 |
| City State Zip Code Fountain Valley CA 92708 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Relations | P/R Deduction (\$60.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMY J GILDERNICK | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 2709 Williams Grant Drive | | Transaction ID: PR2119475216253 |
| City State Zip Code DePere WI 54115 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 40.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 280.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 87 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JAIME G GONZALEZ | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 8008 Bridge Street | | Transaction ID: PR2119475616253 | | |
| City State Zip Code North Richland Hil TX 76180 | Amount of Each Receipt this Period _____ 60.00 | | P/R Deduction (\$30.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 360.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JOE L GUINN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 201 W.Edgewater Terr | | Transaction ID: PR2119476216253 | | |
| City State Zip Code New Braunfels TX 78130 | Amount of Each Receipt this Period _____ 120.00 | | P/R Deduction (\$60.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 720.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DAVID M HANSEN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 206 Via Sedona | | Transaction ID: PR2119476716253 | | |
| City State Zip Code San Clemente CA 92673 | Amount of Each Receipt this Period _____ 270.00 | | P/R Deduction (\$135.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 1620.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 450.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. MADELINE L HARLAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 8302 Hill Rock Dr. | | Transaction ID: PR2119476916253 | |
| City State Zip Code Round Rock TX 78681 | Amount of Each Receipt this Period _____ 38.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Relations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 228.00 | | P/R Deduction (\$19.00 Bi-Weekly) |

| | | | |
|---|--|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. BRIDGET C HARPER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 2319 Penmar Ave. | | Transaction ID: PR2119477016253 | |
| City State Zip Code Venice CA 90291 | Amount of Each Receipt this Period _____ 192.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1152.00 | | P/R Deduction (\$96.00 Bi-Weekly) |

| | | | |
|---|--|---|------------------------------------|
| Full Name (Last, First, Middle Initial) C. SAMUEL W HO | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 4220 Ocean Dr | | Transaction ID: PR2119477916253 | |
| City State Zip Code Manhattan Beach CA 90266 | Amount of Each Receipt this Period _____ 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1200.00 | | P/R Deduction (\$100.00 Bi-Weekly) |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 430.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 89 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---|--------------------------------|---|-----------------------------------|--|
| A. Full Name (Last, First, Middle Initial) KEVIN D HOST | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119478216253 | | |
| Mailing Address 9090 Rotherham Ave | | Amount of Each Receipt this Period 40.00 | | |
| City San Diego | State CA | Zip Code 92129 | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 240.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|-----------------------------------|---|-----------------------------------|--|
| B. Full Name (Last, First, Middle Initial) BRIAN JEFFREY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479116253 | | |
| Mailing Address 5471 Catowba Lane | | Amount of Each Receipt this Period 50.00 | | |
| City Irvine | State CA | Zip Code 92603 | P/R Deduction (\$25.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 300.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|------------------------------|---|-----------------------------------|--|
| C. Full Name (Last, First, Middle Initial) JOHN D JONES | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479216253 | | |
| Mailing Address 3562 Redwood | | Amount of Each Receipt this Period 192.00 | | |
| City Irvine | State CA | Zip Code 92606-2124 | P/R Deduction (\$96.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 1152.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. KATHLEEN M KANNE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 43 Barbados | | Transaction ID: PR2119479616253 | | |
| City State Zip Code Aliso Viejo CA 92656 | Amount of Each Receipt this Period _____ 60.00 | | P/R Deduction (\$30.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 360.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DIXON W W KELLER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 221 Lakewood Garden Dr | | Transaction ID: PR2119479916253 | | |
| City State Zip Code Las Vegas NV 89148 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing & Sales | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. WENDY W KURAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 3302 Druid Lane | | Transaction ID: PR2119480616253 | | |
| City State Zip Code Los Alamitos CA 90720 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 140.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | |
|--|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 109 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |
|--|---|

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) TIFFANY T LAM Mailing Address 3321 Alabama Circle <hr/> City State Zip Code Costa Mesa CA 92626 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation UnitedHealth Group, Inc. Management <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 | Date of Receipt M M / D D / Y Y Y Y Y <hr/> Transaction ID: PR2119480716253 <hr/> Amount of Each Receipt this Period 50.00 <hr/> P/R Deduction (\$25.00 Bi-Weekly) |
|--|---|

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) HEATHER M MACE-MEADOR Mailing Address 13531 Carlton Oaks <hr/> City State Zip Code San Antonio TX 78232 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation UnitedHealth Group, Inc. Legal <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00 | Date of Receipt M M / D D / Y Y Y Y Y <hr/> Transaction ID: PR2119482516253 <hr/> Amount of Each Receipt this Period 80.00 <hr/> P/R Deduction (\$40.00 Bi-Weekly) |
|---|---|

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) MICHAEL S MALLORY Mailing Address 1195 Lorain Road <hr/> City State Zip Code San Marino CA 91108 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation UnitedHealth Group, Inc. Sales <hr/> Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1152.00 | Date of Receipt M M / D D / Y Y Y Y Y <hr/> Transaction ID: PR2119482616253 <hr/> Amount of Each Receipt this Period 192.00 <hr/> P/R Deduction (\$96.00 Bi-Weekly) |
|---|--|

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. ELIZABETH M MCDONNELL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 13173 Pacif Promenade #115 | | Transaction ID: PR2119483516253 | |
| City State Zip Code Playa Vista CA 90094 | Amount of Each Receipt this Period _____ 38.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 228.00 | | P/R Deduction (\$19.00 Bi-Weekly) |

| | | | |
|---|--|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. PETER W MCKINLEY | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 6212 Oakbrook Circle | | Transaction ID: PR2119483716253 | |
| City State Zip Code Huntington Beach CA 92648 | Amount of Each Receipt this Period _____ 150.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 900.00 | | P/R Deduction (\$75.00 Bi-Weekly) |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. DEBORAH MCQUADE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 11630 NE Jefferson Point Road | | Transaction ID: PR2119483816253 | |
| City State Zip Code Kingston WA 98346 | Amount of Each Receipt this Period _____ 60.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 360.00 | | P/R Deduction (\$30.00 Bi-Weekly) |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 248.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CHARLEEN M MILBURN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 3041 San Lorenzo Way | | Transaction ID: PR2119483916253 | | |
| City State Zip Code Carmichael CA 95608 | Amount of Each Receipt this Period _____ 130.00 | | P/R Deduction (\$65.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 780.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. GILBERT J MILLER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 15254 E Peakview Court | | Transaction ID: PR2119484016253 | | |
| City State Zip Code Fountain Hills AZ 85268 | Amount of Each Receipt this Period _____ 192.00 | | P/R Deduction (\$96.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 1152.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DAVID J MILLIGAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 21065 Ashley Lane | | Transaction ID: PR2119484116253 | | |
| City State Zip Code Lake Forest CA 92630 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales & Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 362.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. NANCY J MONK | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 12271 Chianti Dr. | | Transaction ID: PR2119484316253 | |
| City State Zip Code Los Alamitos CA 90720 | Amount of Each Receipt this Period _____ 100.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 600.00 | | P/R Deduction (\$50.00 Bi-Weekly) |

| | | | |
|---|---|---|----------------------------------|
| Full Name (Last, First, Middle Initial) B. JAMES F MORPHEW | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 23505 Bent Oak Court | | Transaction ID: PR2119484516253 | |
| City State Zip Code Parker CO 80138 | Amount of Each Receipt this Period _____ 32.69 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 282.69 | | P/R Deduction (\$7.69 Bi-Weekly) |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. KEVIN R MOWLL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address P.O. Box 5070 | | Transaction ID: PR2119484716253 | |
| City State Zip Code Huntington Beach CA 92615-5070 | Amount of Each Receipt this Period _____ 40.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 172.69 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. SCOTT A NEURURER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484916253 |
| Mailing Address 9852 Silvretta Drive | | Amount of Each Receipt this Period 102.00 |
| City State Zip Code Cypress CA 90630 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$54.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Information systems | Aggregate Year-to-Date ▼ 582.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. KEITH E NYGARD | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119485016253 |
| Mailing Address 372 1/2 Newport Ave | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code Long Beach CA 90814 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Insurance | Aggregate Year-to-Date ▼ 240.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CYNTHIA ANN OTTO | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119485416253 |
| Mailing Address 1855 O'Leary Road | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code Neenah WI 54956 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Health Services | Aggregate Year-to-Date ▼ 240.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 182.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 96 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. PAMELA J PAQUE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 1298 Washington | | Transaction ID: PR2119485516253 | |
| City Wrightstown | State WI | Zip Code 54180 | Amount of Each Receipt this Period _____ 64.00 |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$32.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 384.00 | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. ARNOLD C PAULSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 5127 E El Roble St | | Transaction ID: PR2119485716253 | |
| City Long Beach | State CA | Zip Code 90815 | Amount of Each Receipt this Period _____ 38.00 |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$19.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation HealthCare | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 228.00 | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. LYNDA A PAXSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 3924 E. Garnet Pl. | | Transaction ID: PR2119485816253 | |
| City Highlands Ranch | State CO | Zip Code 80126 | Amount of Each Receipt this Period _____ 50.00 |
| FEC ID number of contributing federal political committee. C _____ | | P/R Deduction (\$25.00 Bi-Weekly) | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Service | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 152.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | | | | | | | | |
|---|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. AUSTIN T PITTMAN | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y |
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| Mailing Address 3109 Spur Trail | | Transaction ID: PR2119486716253 | | | | | | | | | | |
| City Dallas | State NC | Zip Code 75234 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 270.00 | | | | | | | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$135.00 Bi-Weekly) | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1620.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. CYNTHIA L POLICH | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y |
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| Mailing Address 3401 E Via Palomita | | Transaction ID: PR2119486816253 | | | | | | | | | | |
| City Tucson | State AZ | Zip Code 85718 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | | | | | | | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | P/R Deduction (\$100.00 Bi-Weekly) | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 836.00 | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. JAMES E PROCHNOW | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y |
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| Mailing Address 1090 Coprinus Court | | Transaction ID: PR2119487216253 | | | | | | | | | | |
| City Green Bay | State WI | Zip Code 54313 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 | | | | | | | | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$25.00 Bi-Weekly) | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | | | | | | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 520.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GREGG R RATKOVIC | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 603 Corte Calmo | | Transaction ID: PR2119487516253 |
| City State Zip Code San Clemente CA 92673 | Amount of Each Receipt this Period _____ 100.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 600.00 | P/R Deduction (\$50.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. SHARON A RICCIUTI | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 3301 S Bear St #35R | | Transaction ID: PR2119487916253 |
| City State Zip Code Santa Ana CA 92704 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation HealthCare Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. WENDY E SACK | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 5521 Ridgebury Dr | | Transaction ID: PR2119488916253 |
| City State Zip Code Huntington Beach CA 92649 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 180.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. GREGORY W SCOTT | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 24 Inverness Lane | | Transaction ID: PR2119489716253 |
| City State Zip Code Newport Beach CA 92660 | Amount of Each Receipt this Period _____ 60.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 360.00 | P/R Deduction (\$30.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MARILYNN D STYERS | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 6485 Wayfinders Ct | | Transaction ID: PR2119490716253 |
| City State Zip Code Carlsbad CA 92009 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation HealthCare Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CHRISTINA M SUMPTER | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 2009 Kornat Dr | | Transaction ID: PR2119490916253 |
| City State Zip Code Costa Mesa CA 92626-3531 | Amount of Each Receipt this Period _____ 50.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Informaiton Systems | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 868.00 | P/R Deduction (\$25.00 Bi-Weekly) |

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

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 / 109 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

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

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CHERYL TANIGAWA, MD | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 5598 Naples Canal | | Transaction ID: PR2119491116253 | | |
| City State Zip Code Long Beach CA 90803-4018 | Amount of Each Receipt this Period _____ 100.00 | | P/R Deduction (\$50.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 600.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. GLENN TERWILLIGER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 29628 Woodbrook Dr. | | Transaction ID: PR2119491316253 | | |
| City State Zip Code Agoura Hills CA 91301-4413 | Amount of Each Receipt this Period _____ 270.00 | | P/R Deduction (\$135.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 1620.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Insurance | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|--|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. PATTI TUCKER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 16815 Wanderly Lane | | Transaction ID: PR2119491916253 | | |
| City State Zip Code Huntington Beach CA 92649-6026 | Amount of Each Receipt this Period _____ 192.00 | | P/R Deduction (\$96.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 1152.00 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 562.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. STEVEN M TUCKER | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 2422 N. Eaton Ct. | | Transaction ID: PR2119492016253 |
| City Orange | State CA | Zip Code 92867-6494 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 192.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Relations | P/R Deduction (\$96.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1152.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JEROME V VACCARO | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 141 S. Swall Drive | | Transaction ID: PR2119492416253 |
| City Beverly Hills | State CA | Zip Code 90211 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. SUSAN VANASTEN | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address W313 Golden Glow Road | | Transaction ID: PR2119492616253 |
| City Kaukauna | State WI | Zip Code 54130-7809 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 445.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 312.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 / 109 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. SCOTT B WESTPHAL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 4536 Rocky Run Lane | | Transaction ID: PR2119493216253 | |
| City State Zip Code Oconto WI 54153 | Amount of Each Receipt this Period _____ 60.00 | | P/R Deduction (\$30.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Insurance | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 360.00 | | |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. LINDA D WHETSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 615 South Race Street | | Transaction ID: PR2119493516253 | |
| City State Zip Code Denver CO 80209 | Amount of Each Receipt this Period _____ 40.00 | | P/R Deduction (\$20.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Risk Management | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | | |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. GREGORY WRIGHT | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 13901 Mauve Drive | | Transaction ID: PR2119494116253 | |
| City State Zip Code Santa Ana CA 92705 | Amount of Each Receipt this Period _____ 50.00 | | P/R Deduction (\$25.00 Bi-Weekly) |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. THOMAS G ZIELINSKI | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 1935 E Telemark Circle | | Transaction ID: PR2119494616253 |
| City State Zip Code Green Bay WI 54313-4335 | Amount of Each Receipt this Period _____ 90.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 540.00 | P/R Deduction (\$45.00 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FORREST G BURKE | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 5901 Lincoln Drive MN012-N205 | | Transaction ID: PR2133132416253 |
| City State Zip Code Edina MN 55436 | Amount of Each Receipt this Period _____ 100.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Legal | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 250.00 | P/R Deduction (\$50.00 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ELLEN M DUFFIELD | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 601 Office Center Drive PA020-1000 | | Transaction ID: PR2133132816253 |
| City State Zip Code Fort Washington PA 19034 | Amount of Each Receipt this Period _____ 108.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Insurance | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 270.00 | P/R Deduction (\$54.00 Bi-Weekly) |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 298.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 104 / 109 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. CHARLES W HANSON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2133133116253 |
| Mailing Address 9900 Bren Road East MN008-T440 | | Amount of Each Receipt this Period 103.24 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$51.62 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Insurance | Aggregate Year-to-Date ▼ 258.10 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. SUSAN C MORISATO | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2133133816253 |
| Mailing Address 9900 Bren Road East | | Amount of Each Receipt this Period 300.00 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$150.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. T JEFFREY PUTNAM | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2133134216253 |
| Mailing Address 9900 Bren Road East MN008-W235 | | Amount of Each Receipt this Period 116.00 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$58.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Finance | Aggregate Year-to-Date ▼ 290.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 519.24 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 / 109 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. HELENE S ROYBAL | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2133134516253 |
| Mailing Address 9900 Bren Road East MN008-T400 | | Amount of Each Receipt this Period 108.00 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$54.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Insurance | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 270.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MARK F BJORNSON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2145728216253 |
| Mailing Address 5 Centerpointe Drive Ste 600 OR015-1000 | | Amount of Each Receipt this Period 108.00 |
| City State Zip Code Lake Oswego OR 97035 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$54.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 216.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ROBERT C FALKENBERG | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2145728416253 |
| Mailing Address 9200 Worthington Road OH020-3010 | | Amount of Each Receipt this Period 160.00 |
| City State Zip Code Westerville OH 43082 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$80.00 Bi-Weekly) |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 376.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 / 109 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. ROBERT P PFOTENHAUER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 9900 Bren Road East MN008-T500 | | Transaction ID: PR2145729416253 | |
| City State Zip Code Minnetonka MN 55343 | Amount of Each Receipt this Period _____ 200.00 | | |
| FEC ID number of contributing federal political committee. C _____ | P/R Deduction (\$100.00 Bi-Weekly) _____ | | |
| Name of Employer Occupation UnitedHealth Group, Inc. Executive | Aggregate Year-to-Date ▼ _____ 400.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. DAVID A SPIVACK | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 5995 Plaza Drive CA112-0567 | | Transaction ID: PR2162867616253 | |
| City State Zip Code Cypress CA 90630 | Amount of Each Receipt this Period _____ 3000.00 | | |
| FEC ID number of contributing federal political committee. C _____ | P/R Deduction (\$3000.00 Bi-Weekly) _____ | | |
| Name of Employer Occupation UnitedHealth Group, Inc. Evecutive | Aggregate Year-to-Date ▼ _____ 3000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-----------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 3200.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ 31071.28 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 109

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

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

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

| | | | |
|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) A. Friends of Max Baucus | | Transaction ID: 25057342 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 586 | | Amount of Each Disbursement this Period 1000.00 | |
| City Helena State MT Zip Code 59624 | Re-election to US Senate (Primary) | | |
| Purpose of Disbursement Re-election to US Senate (Primary) | | | 011 Category/ Type |
| Candidate Name Max Baucus | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of Max Baucus | | Transaction ID: 25057600 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address P.O. Box 586 | | Amount of Each Disbursement this Period 1500.00 | |
| City Helena State MT Zip Code 59624 | Re-election to US Senate (General 2008) | | |
| Purpose of Disbursement Re-election to US Senate (General 2008) | | | 011 Category/ Type |
| Candidate Name Max Baucus | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) C. Norm Coleman For U S Senate | | Transaction ID: 25141996 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 | |
| Mailing Address 1410 Energy Park Dr #11 | | Amount of Each Disbursement this Period 5000.00 | |
| City Saint Paul State MN Zip Code 55108 | Re-election to USSenate | | |
| Purpose of Disbursement Re-election to USSenate | | | 011 Category/ Type |
| Candidate Name Norm Coleman | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 109

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Norm Coleman For U S Senate

Mailing Address 1410 Energy Park Dr #11

City State Zip Code
Saint Paul MN 55108

Purpose of Disbursement
Re-election to US Senate

Candidate Name
Norm Coleman

Office Sought: House
 Senate
 President

State: MN District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 25142125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-election to US Senate

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Perdue for a New Georgia | | Transaction ID: 25118414 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 |
| Mailing Address 5600 Roswell Road Suite 250 East | | Amount of Each Disbursement this Period -2000.00 |
| City Atlanta State GA Zip Code 30342 | | |
| Purpose of Disbursement Void - Perdue for a New Georgia | 011 Category/ Type | |
| Candidate Name Sonny Perdue | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General | Void - Perdue for a New Georgia |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Martin O'Malley | | Transaction ID: 25137018 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 |
| Mailing Address 2400 Boston St. Suite 203 | | Amount of Each Disbursement this Period 4000.00 |
| City Baltimore State MD Zip Code 21224 | | |
| Purpose of Disbursement Martin O'Malley, GOVERNOR MD | 011 Category/ Type | |
| Candidate Name Martin O'Malley | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement 2006 | Martin O'Malley, GOVERNOR MD |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Anthony Brown for Lt. Governor | | Transaction ID: 25137020 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 |
| Mailing Address 2400 Boston St Suite 203 | | Amount of Each Disbursement this Period 4000.00 |
| City Baltimore State MD Zip Code 21224 | | |
| Purpose of Disbursement Anthony Brown, LT. GOVERNOR MD | 011 Category/ Type | |
| Candidate Name Anthony Brown | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement 2006 | Anthony Brown, LT. GOVERNOR MD |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | 6000.00 |