

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 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 Patrick J. Erlandson

Signature of Treasurer Electronically Filed by Patrick J. Erlandson Date 07 14 2006

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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	29830.71									
(c) Total Receipts (from Line 19)	203940.33	279892.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	233771.04	380021.04								
7. Total Disbursements (from Line 31)	68750.00	215000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	165021.04	165021.04								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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	51278.42	104497.93
(i) Itemized (use Schedule A)	10609.69	31342.57
(ii) Unitemized	61888.11	135840.50
(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)	61888.11	135840.50
12. Transfers From Affiliated/Other Party Committees	142052.22	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))	203940.33	279892.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	203940.33	279892.72

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.....	68000.00	198000.00
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.....	750.00	17000.00
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))..	68750.00	215000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	68750.00	215000.00

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)	61888.11	135840.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61888.11	135840.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 75
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)
PacifiCare Employees' Political Action Committee

Mailing Address 5995 Plaza Drive
CY20-536

City Cypress State CA Zip Code 90630

FEC ID number of contributing federal political committee. **C** C00240903

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
142052.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 24290447

Amount of Each Receipt this Period
142052.22

Transfer funds from PACIF-ICARE PAC to close PAC

SUBTOTAL of Receipts This Page (optional)	▶	142052.22
TOTAL This Period (last page this line number only)	▶	142052.22

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 / 75
	<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. KEITH W NOBLITT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159805514486
Mailing Address 2970 Clairmont Rd #650		Amount of Each Receipt this Period 120.00
City Atlanta State GA Zip Code 30329-1634	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Strategic Account Executive	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. JAMES S WATSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159806014486
Mailing Address 2717 N. 118th Lucile		Amount of Each Receipt this Period 115.38
City Omaha State NE Zip Code 68164	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation V.P. Govt Relations, UHC Midlands	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) C. TRACY L BAHL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159808414486
Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB		Amount of Each Receipt this Period 1153.80
City Hartford State CT Zip Code 06115	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 ▼ 2499.90		

SUBTOTAL of Receipts This Page (optional) ▶	1389.18
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 / 75
	<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)
KENNETH A BURDICK

Mailing Address 9900 Bren Road East
MN008-W318

City State Zip Code
Minnetonka MN 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation VP of Underwriting

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: PR1159808914486

Amount of Each Receipt this Period
120.00

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

B. Full Name (Last, First, Middle Initial)
JOHN P ANTON

Mailing Address 2970 Clairmont Rd Suite 650
GA010-3360

City State Zip Code
Atlanta GA 30329-1634

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

Name of Employer UnitedHealth Group, Inc. Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

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

Transaction ID: PR1159811614486

Amount of Each Receipt this Period
192.30

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

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

Mailing Address One South Wacker
IL014-0910

City State Zip Code
Chicago IL 60606

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO, United HealthCare of Illinois

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

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

Transaction ID: PR1159812614486

Amount of Each Receipt this Period
1153.80

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

SUBTOTAL of Receipts This Page (optional)	▶	1466.10
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 13 / 75
	(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. EUGENE C CAVANAUGH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815314486
Mailing Address 450 Columbus Blvd CT030-12NB-BB		Amount of Each Receipt this Period 76.92
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation CFO Uniprise	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) B. PATRICK J ERLANDSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815914486
Mailing Address 9900 Bren Road E MN008-8315		Amount of Each Receipt this Period 1153.80
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 VP Corporate Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name (Last, First, Middle Initial) C. PATRICIA R SAURO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816414486
Mailing Address 9900 Bren Road East MN008-T500		Amount of Each Receipt this Period 115.38
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer United HealthGroup, Inc.	Occupation VP Product Development AARP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional)	1346.10
TOTAL This Period (last page this line number only)	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 75
	(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. WILLIAM A MUNSELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816614486
Mailing Address 9900 Bren Road E MN008-W301		Amount of Each Receipt this Period 600.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Chief Operating Officer	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. JOHN S PENSHORN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816914486
Mailing Address 9900 Bren Road East MN008-8092		Amount of Each Receipt this Period 600.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP Investor Relations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. SHEILA E MCMILLAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817514486
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 461.52
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP - Finance AARP Division	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 999.96	

SUBTOTAL of Receipts This Page (optional) ▶	1661.52
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 15 / 75
	<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 R MACH JR		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1159817614486
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 480.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Medical Officer, Evercare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1040.00	P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KEVIN W PEARSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5225 Wiley Post Way, Suite 500 UT015-0500		Transaction ID: PR1159817814486
City State Zip Code Salt Lake City UT 84116	Amount of Each Receipt this Period _____ 150.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Ingenix Health Intelligence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. TIMOTHY F RYAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Rd East MN008-T400		Transaction ID: PR1159817914486
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 114.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group	Occupation Segment General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 744.00
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 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. THOMAS J QUIRK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5800 Granite Parkway, ste 900 TX033-1000		Transaction ID: PR1159819114486
City State Zip Code Plano TX 75024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group	Occupation CEO Dallas/Austin Health Plan	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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. AMY K KNAPP		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address Two Penn Plaza, 7th Floor NY036-1000		Transaction ID: PR1159819314486
City State Zip Code New York NY 10121	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 692.28
Name of Employer UnitedHealth Group	Occupation Regional President, Eastern Region, UH	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 ▼ 1499.94	

Full Name (Last, First, Middle Initial) C. WILLIAM E MOELLER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 233 North Michigan Ave IL014-0300		Transaction ID: PR1159819514486
City State Zip Code Chicago IL 60601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 461.52
Name of Employer UnitedHealth Group	Occupation CEO UnitedHealthcare Illinois	P/R Deduction (\$76.92 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)	1384.56
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 18 / 75
	<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) REED V TUCKSON, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819814486	
Mailing Address 9900 Bren Road East MN008-T902		Amount of Each Receipt this Period 692.28	
City Minnetonka	State MN	Zip Code 55343	P/R Deduction (\$115.38 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1499.94	
Name of Employer UnitedHealth Group	Occupation Sr. V.P. Consumer Health & Medical Car		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) WILLIAM D YOUNG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159821314486	
Mailing Address 800 N. Magnolia Ave Ste 600 FL029-1029		Amount of Each Receipt this Period 230.70	
City Orlando	State FL	Zip Code 32803	P/R Deduction (\$38.45 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 499.85	
Name of Employer UnitedHealth Group, Inc.	Occupation Sr. Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) WILLIAM C TRACY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159821514486	
Mailing Address 9300 W. 110th Ste 350		Amount of Each Receipt this Period 150.00	
City Overland	State KS	Zip Code 66210	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer UnitedHealth Group, Inc.	Occupation VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1072.98
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 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. WILLIAM J ANTHONY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1159830214486
City Minnetonka	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Call Center Operations - Ovations	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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. 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: PR1159830514486
City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
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 ▼ 249.99	

Full Name (Last, First, Middle Initial) C. DONNAL . HOFFMEIER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1225 New York Ave, Nw, Suite 475 DC030-1000		Transaction ID: PR1162354514486
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional)	766.14
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 22 / 75
	<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. Mr. ANTHONY WELTERS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR1332013214486
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 1153.80	
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 ▼ _____ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN KIRCHNER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 172 West State St., Suite 102 NJ040-1000		Transaction ID: PR1530190514486
City State Zip Code Trenton NJ 08530	Amount of Each Receipt this Period _____ 230.76	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 499.98	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LESLIE GIDDENS ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR1530798314486
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 692.28	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Medical Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 2076.84
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 23 / 75
	<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. DEBORAH MATES CHASKES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530798514486
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Amount of Each Receipt this Period 600.00
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Attorney	Aggregate Year-to-Date 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. THELMA DUGGIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530799214486
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Amount of Each Receipt this Period 1153.86
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date 2499.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Mr EDGAR G G. RIOS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550188314486
Mailing Address 8045 Leesburg Pike, 6th Fl		Amount of Each Receipt this Period 1153.80
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Lawyer	Aggregate Year-to-Date 2499.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2907.66
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:	PAGE 24 / 75
	(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. 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: PR1550190914486	
City Philadelphia State PA Zip Code 19107	Amount of Each Receipt this Period _____ 120.00		
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 ▼ _____ 260.00		
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: PR1550191014486	
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 173.10		
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 ▼ _____ 375.05		
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: PR1550191114486	
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 403.86		
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$67.31 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ _____ 875.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 696.96
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 25 / 75
	(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) DAVID R ASTAR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005114486
Mailing Address 12125 Technology Drive MN002-0100		Amount of Each Receipt this Period 1153.80
City State Zip Code Eden Prairie MN 55344	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. COO Ingenix	Aggregate Year-to-Date ▼ 2499.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) ROBERT J BOHNENKAMP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005614486
Mailing Address 9900 Bren Road East MN008-W300		Amount of Each Receipt this Period 348.00
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. Systems	Aggregate Year-to-Date ▼ 754.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) MICHAEL J BRESOLIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005714486
Mailing Address 1900 E Golf Rd #200/300 IL035-0300		Amount of Each Receipt this Period 120.00
City State Zip Code Schaumburg IL 60173	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	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) ▶	1621.80
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 28 / 75
	<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 J VALERIUS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T850		Transaction ID: PR1551161314486
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 461.52
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$76.92 Bi-Weekly)
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) B. 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: PR1554323914486
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.00
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 ▼ 624.00	

Full Name (Last, First, Middle Initial) C. JOSEPH J MCERLANE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5402 Parkdale Drive #300 MN025-2500		Transaction ID: PR1554324114486
City Minneapolis	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
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 ▼ 249.99	

SUBTOTAL of Receipts This Page (optional)	864.90
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 / 75
	<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. CRAIG C ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575957314486
Mailing Address 450 Columbus Blvd CT030-15NB		Amount of Each Receipt this Period 115.38
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 ▼ 249.99		

Full Name (Last, First, Middle Initial) B. KAREN L ERICKSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575957614486
Mailing Address 5901 Lincoln Drive MN012-N110		Amount of Each Receipt this Period 240.00
City Edina State MN Zip Code 55436	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 ▼ 520.00		

Full Name (Last, First, Middle Initial) C. ERNEST MONFILETTO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958114486
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Amount of Each Receipt this Period 461.52
City Philadelphia State PA 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	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) ▶	816.90
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 / 75
	<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. LEE D VALENTA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12125 TECHNOLOGY DRIVE MN002-0100		Transaction ID: PR1575958514486
City State Zip Code EDEN PRAIRIE MN 55344	Amount of Each Receipt this Period _____ 1153.80	
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 ▼ _____ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. TOM M DAVIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5975 Castle Creek PKWY N DR STE 1 IN040-1000		Transaction ID: PR1580863514486
City State Zip Code Indianapolis IN 46250	Amount of Each Receipt this Period _____ 240.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Director Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. THOMAS S PAUL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T500		Transaction ID: PR1580864714486
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 230.76	
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Pharmacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 499.98	P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1624.56
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 33 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM S BOJAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303714486
Mailing Address 9900 Bren Road East MN008-T205		Amount of Each Receipt this Period 240.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Risk Management	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 520.00	

Full Name (Last, First, Middle Initial) B. BRIGID A BONNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303814486
Mailing Address 9900 Bren Road East MN008-W212		Amount of Each Receipt this Period 120.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Technology	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. CHARLES A BOWLES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303914486
Mailing Address P.O Box 9472 PA960-1000		Amount of Each Receipt this Period 115.38
City State Zip Code Minneapolis MN 55440-9472	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales & Marketing	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 249.99	

SUBTOTAL of Receipts This Page (optional) ▶	475.38
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 34 / 75
	<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)
PAUL H GULSTRAND

Mailing Address 6300 Olson Memorial HWY
MN010-E112

City State Zip Code
Golden Valley MN 55427

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive

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: PR1596304014486

Amount of Each Receipt this Period
230.76

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

B. Full Name (Last, First, Middle Initial)
PAMELA N HURSH

Mailing Address 6300 Olson Memorial HWY
MN010-S203

City State Zip Code
Golden Valley MN 55427

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

Name of Employer Occupation
UnitedHealth Group, Inc. Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: PR1596304214486

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
GAYE ADAMS MASSEY

Mailing Address 9900 Bren Road East
MN008-T500

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
UnitedHealth Group, Inc. Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

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

Transaction ID: PR1596304514486

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional)	496.14
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 / 75
	<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 E THEISEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596305614486
Mailing Address 9900 Bren Road East MN008-W395		Amount of Each Receipt this Period 115.38
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Aggregate Year-to-Date ▼ 249.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GEOFFREY ALAN GOTHRO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596306814486
Mailing Address 9900 Bren Road East MN008-T700		Amount of Each Receipt this Period 230.76
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Marketing	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 D LEWIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596306914486
Mailing Address 3838 N Causeway Blvd STE 2100 LA035-1000		Amount of Each Receipt this Period 230.76
City State Zip Code Metairie LA 70002	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	576.90
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 38 / 75
	<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. LISA M BEHNKE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309814486
Mailing Address Two Penn Plaza 6/7 Floors NY036-1000		Amount of Each Receipt this Period 600.00
City State Zip Code New York NY 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) ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. JAMES M BOGDAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596310314486
Mailing Address 5901 Lincoln Drive MN012-S204		Amount of Each Receipt this Period 114.00
City State Zip Code Edina MN 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 247.00	

Full Name (Last, First, Middle Initial) C. RAMON E COTO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596311514486
Mailing Address 13621 NW 12th St FL075-1000		Amount of Each Receipt this Period 115.38
City State Zip Code Sunrise FL 33323	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 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) ▼ 249.99	

SUBTOTAL of Receipts This Page (optional) ▶	829.38
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 39 / 75
	<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: PR1596312314486	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period _____ 150.00		
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 ▼ _____ 325.00		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. 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: PR1596312714486	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period _____ 120.00		
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 ▼ _____ 260.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. STEVAN D GARCIA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5901 Lincoln Drive MN012-N110		Transaction ID: PR1596312914486	
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period _____ 115.38		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Data Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 249.99		P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 385.38
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 40 / 75
	(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. RANDY P GILES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2000 West Loop South Suite #600/70 TX035-1000		Transaction ID: PR1596313214486
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period _____ 230.76	
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 ▼ _____ 499.98	

Full Name (Last, First, Middle Initial) B. EDWARD J HAWLEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2700 Midwest Drive WI010-1000		Transaction ID: PR1596313614486
City State Zip Code Onalaska WI 54650	Amount of Each Receipt this Period _____ 230.76	
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 ▼ _____ 499.98	

Full Name (Last, First, Middle Initial) C. NANETTE R KARTSONIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1596314614486
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$20.00 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) ▶	_____ 581.52
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 42 / 75
	<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. STEPHAN S RODGERS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317114486
Mailing Address 5901 Lincoln Drive MN012-S200		Amount of Each Receipt this Period 692.28
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	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. DANIEL I ROSENTHAL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317314486
Mailing Address 13621 NW 12Th St FL075-1000		Amount of Each Receipt this Period 115.38
City Sunrise State FL Zip Code 33323	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 249.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEVIN J RUTH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317414486
Mailing Address 80 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 450.00
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 975.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1257.66
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 47 / 75
	<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. LEWIS G SANDY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1600598714486
Mailing Address 5901 LINCOLN DRIVE MN012-N205		Amount of Each Receipt this Period 390.00
City EDINA State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Doctor	Aggregate Year-to-Date ▼ 845.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MICHAEL P CAUTIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1602667514486
Mailing Address 9900 Bren Road East MN008-T500		Amount of Each Receipt this Period 115.38
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date ▼ 249.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MATTHEW W PETERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1602669914486
Mailing Address 5901 Lincoln Drive MN012-S286		Amount of Each Receipt this Period 240.00
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Human Resources	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) ▶	745.38
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 / 75
	(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)
STEVE R KOOREN

Mailing Address 6150 Trenton Lane N
MN013-N400

City Plymouth State MN Zip Code 55442

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 ▼ 749.97

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

Transaction ID: PR1653443214486

Amount of Each Receipt this Period
346.14

P/R Deduction (\$57.69 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
FEATHER O HOUSTOUN

Mailing Address The Wannamker Building 100 Penn Sq
PA040-1000

City Philadelphia State PA Zip Code 19107

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 ▼ 650.00

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

Transaction ID: PR1653446114486

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
JOYCE A LARKIN

Mailing Address 9900 Bren Road East
MN008-T500

City Minnetonka State MN Zip Code 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

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: PR1677771614486

Amount of Each Receipt this Period
461.52

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

SUBTOTAL of Receipts This Page (optional)	1107.66
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 51 / 75
	<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 T KOUTSOUMPAS JR		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 701 Pennsylvania Ave NW Suite 530 DC030-1000		Transaction ID: PR1748514514486		
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period _____ 230.76		P/R Deduction (\$38.46 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 499.98		
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. LEE R SHAPIRO		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 800 King Farm Blvd, STE 600 MD051-1000		Transaction ID: PR1775550914486		
City Rockville State MD Zip Code 20850	Amount of Each Receipt this Period _____ 173.10		P/R Deduction (\$28.85 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 375.05		
Name of Employer UnitedHealth Group, Inc.	Occupation HealthCare Provider			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. DEBORAH A GOUGH		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 10 Taft Court MD063-6000		Transaction ID: PR1806442114486		
City Rockville State MD Zip Code 20850	Amount of Each Receipt this Period _____ 113.40		P/R Deduction (\$18.90 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 245.70		
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) ▶	_____ 517.26
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 / 75
	<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: PR1806443214486
City Elkridge	State MD	Zip Code 21075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
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 ▼ 260.00	

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: PR1806444714486
City Columbia	State MD	Zip Code 21046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.60
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 ▼ 228.80	

Full Name (Last, First, Middle Initial) C. GREGORY A BAYER		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: PR1806750214486
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
Name of Employer UnitedHealth Group, Inc.	Occupation Management	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 ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	585.60
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 53 / 75
	<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. PAUL M EMERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806750314486
Mailing Address 6300 Olson Memorial Hw MN010-E1133		Amount of Each Receipt this Period 115.38
City Golden Valley State MN Zip Code 55427	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 ▼ 249.99		

Full Name (Last, First, Middle Initial) B. HOLLY A BODE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1817581114486
Mailing Address Suite 530, 701 Pennsylvania Ave NW DC030-1000		Amount of Each Receipt this Period 230.76
City Washington State DC Zip Code 20004	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 ▼ 499.98		

Full Name (Last, First, Middle Initial) C. SHERRI C PINOTTI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1832039814486
Mailing Address 12755 Highway 55 MN009-S200		Amount of Each Receipt this Period 173.10
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 ▼ 375.05		

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 55 / 75
	<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. ROBERT J DUFEK		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12755 Highway 55		Transaction ID: PR1903577114486
City Plymouth State MN Zip Code 55441	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 Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. 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: PR1903578114486
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 600.00	
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 ▼ _____ 1000.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. THOMAS L TRAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-15NB		Transaction ID: PR1903633214486
City Hartford State CT Zip Code 06103	Amount of Each Receipt this Period _____ 240.00	
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 ▼ _____ 400.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 990.00
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 56 / 75	
	(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)
 KRISTIN L MOUNT

Mailing Address FL 35 1114 Avenue of the Americas
 NY065-W350

City State Zip Code
 New York NY 10036

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

Name of Employer Occupation
 UnitedHealth Group, Inc. Insurance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

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

Transaction ID: PR1907906514486

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	51278.42

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. DeWine for Senate Full Name (Last, First, Middle Initial) Mailing Address 8 E Broud St. City Columbus State OH Zip Code 43215 Purpose of Disbursement Re-election to US Senate Candidate Name Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23783155 Date of Disbursement 04 / 05 / 2006 Amount of Each Disbursement this Period 1000.00 Re-election to US Senate
--	--	---

B. Leadership Encouraging Excellence PAC Full Name (Last, First, Middle Initial) Mailing Address 2875 Towerview Road Suite 1000 City Herndon State VA Zip Code 20171 Purpose of Disbursement Leadership PAC N. Johnson Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23818199 Date of Disbursement 04 / 12 / 2006 Amount of Each Disbursement this Period 5000.00 Leadership PAC N. Johnson
---	--	--

C. Friends Of John Boehner Full Name (Last, First, Middle Initial) Mailing Address 7908-I Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement Re-election to US House of Representativ Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23835210 Date of Disbursement 04 / 14 / 2006 Amount of Each Disbursement this Period 1000.00 Re-election to US House of Representatives
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SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Debbie Wasserman Schultz for Congress		Transaction ID: 23835122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1725 Main Street, Suite 215		Amount of Each Disbursement this Period 2000.00
City Weston State FL Zip Code 33331	011 Category/ Type Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Debbie Schultz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. Rely on Your Beliefs Political Action Committee		Transaction ID: 23835150 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type Roy Blunt Leadership PAC	
Purpose of Disbursement Roy Blunt Leadership PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jon Kyl For U S Senate		Transaction ID: 23835209 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064	011 Category/ Type Re-election to US Senate	
Purpose of Disbursement Re-election to US Senate		
Candidate Name Sen. Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Committe To Re-Elect Ed Towns		Transaction ID: 23901597 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 2000.00
City Brooklyn State NY Zip Code 11233	Re-election to US House	
Purpose of Disbursement Re-election to US House		011 Category/ Type
Candidate Name Rep. Edolphus Towns		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. New Democrat Coalition Political Action Committee		Transaction ID: 23901595 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	Leadership PAC	
Purpose of Disbursement Leadership PAC		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pioneer PAC		Transaction ID: 23966776 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1212 North Vernon St.		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22201	Leadership PAC for Rep. Dave Hobson	
Purpose of Disbursement Leadership PAC for Rep. Dave Hobson		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kevin Mccarthy For Congress		Transaction ID: 23966774 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95814	Election to US House of Reps		
Purpose of Disbursement Election to US House of Reps			011 Category/Type
Candidate Name Mr. Kevin McCarthy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. Larson for Congress		Transaction ID: 23986382 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 6282 Occoquan Forest Dr c/o Lori LaFave		Amount of Each Disbursement this Period 2000.00	
City Manassas State VA Zip Code 20112	Re-election to US House of Reps		
Purpose of Disbursement Re-election to US House of Reps			011 Category/Type
Candidate Name John B. Larson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) C. Trent Lott for Mississippi		Transaction ID: 23986394 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address P.O. Box 22824		Amount of Each Disbursement this Period 2000.00	
City Jackson State MS Zip Code 39225	Re-Election to US Senate		
Purpose of Disbursement Re-Election to US Senate			011 Category/Type
Candidate Name Trent Lott			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. Ben Cardin For Senate		Transaction ID: 23986371 Date of Disbursement 05 / 10 / 2006
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21209	011 Category/ Type	
Purpose of Disbursement Election to US Senate		
Candidate Name Mr. Benjamin Cardin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Election to US Senate

Full Name (Last, First, Middle Initial) B. Ben Cardin For Senate		Transaction ID: 23986375 Date of Disbursement 05 / 10 / 2006
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21209	011 Category/ Type	
Purpose of Disbursement Election to US Senate		
Candidate Name Mr. Benjamin Cardin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election to US Senate

Full Name (Last, First, Middle Initial) C. Sires For Congress		Transaction ID: 24142155 Date of Disbursement 05 / 11 / 2006
Mailing Address 6050 Boulevard East Apt 6b		Amount of Each Disbursement this Period -1000.00
City West New York State NJ Zip Code 07093	011 Category/ Type	
Purpose of Disbursement Reported lost reissued in May 2006		
Candidate Name Albio Sires		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Reported lost reissued in May 2006

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Jon Kyl For U S Senate Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 10246 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement Re-election to US Senate Candidate Name Sen. Jon Kyl Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2 Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		Transaction ID: 24023197 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00 Re-election to US Senate
---	--	---

B. Sires For Congress Full Name (Last, First, Middle Initial) Mailing Address 6050 Boulevard East Apt 6b City West New York State NJ Zip Code 07093 Purpose of Disbursement Original check lost, re-issue. Candidate Name Albio Sires Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 24023203 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Original check lost, re-issue.
--	--	---

C. J.D. Hayworth for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 14273 City Scottsdale State AZ Zip Code 85267 Purpose of Disbursement Re-election to US House of Reps Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 24030709 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Re-election to US House of Reps
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SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Menendez For Senate		Transaction ID: 24030711 Date of Disbursement 05 / 17 / 2006
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 2000.00
City Union City State NJ Zip Code 07087	011 Category/ Type	
Purpose of Disbursement Re-election to US Senate		
Candidate Name Rep. Robert Menendez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election to US Senate

Full Name (Last, First, Middle Initial) B. Ruben Hinojosa For Congress		Transaction ID: 24043288 Date of Disbursement 05 / 18 / 2006
Mailing Address 502 North 11th Street		Amount of Each Disbursement this Period 1000.00
City Mcallen State TX Zip Code 78501	011 Category/ Type	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Rep. Ruben Hinojosa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	Re-election to US House of Reps

Full Name (Last, First, Middle Initial) C. Dreier For Congress Committee		Transaction ID: 24043330 Date of Disbursement 05 / 18 / 2006
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 2000.00
City Upland State CA Zip Code 91785	011 Category/ Type	
Purpose of Disbursement Re-election to US House		
Candidate Name Rep. David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election to US House

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Kind for Congress		Transaction ID: 24047658 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 184		Amount of Each Disbursement this Period 2000.00
City La Crosse State WI Zip Code 54603	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep Ron Kind		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
State: WI District: 3		

Full Name (Last, First, Middle Initial) B. Reynolds For Congress		Transaction ID: 24047648 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep. Thomas Reynolds		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
State: NY District: 26		

Full Name (Last, First, Middle Initial) C. Reynolds For Congress		Transaction ID: 24047653 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep. Thomas Reynolds		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio
State: NY District: 26		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Becerra For Congress		Transaction ID: 24047631 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep. Xavier Becerra		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
State: CA District: 31		

Full Name (Last, First, Middle Initial) B. Mark Pryor For Us Senate		Transaction ID: 24060011 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203	Re-election to US Senate	
Purpose of Disbursement Re-election to US Senate		011 Category/Type
Candidate Name Sen. Mark Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR District: 2		

Full Name (Last, First, Middle Initial) C. Committee To Elect Artur Davis To Congress		Transaction ID: 24060020 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 1000.00
City Birmingham State AL Zip Code 35201	Re-election to US House	
Purpose of Disbursement Re-election to US House		011 Category/Type
Candidate Name Rep. Artur Davis		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
State: AL District: 7		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Max Baucus		Transaction ID: 24083321 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address P.O. Box 586		Amount of Each Disbursement this Period 2000.00	
City Helena State MT Zip Code 59624	Re-election to US Senate		
Purpose of Disbursement Re-election to US Senate			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) B. Northup for Congress		Transaction ID: 24083397 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address PO Box 7313		Amount of Each Disbursement this Period 1000.00	
City LOUISVILLE State KY Zip Code 40257	Re-election to US House of Reps		
Purpose of Disbursement Re-election to US House of Reps			011 Category/ Type
Candidate Name Anne M. Northup			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pryce for Congress		Transaction ID: 24081732 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 340 East Gay Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Re-election to US House of Reps		
Purpose of Disbursement Re-election to US House of Reps			011 Category/ Type
Candidate Name Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ryan for Congress Committee		Transaction ID: 24082084 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547-1919	Re-Election to US House of Reps	
Purpose of Disbursement Re-Election to US House of Reps		011 Category/ Type
Candidate Name Paul Ryan		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. Ryan for Congress Committee		Transaction ID: 24082505 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547-1919	Re-Election to US House of Reps	
Purpose of Disbursement Re-Election to US House of Reps		011 Category/ Type
Candidate Name Paul Ryan		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1
Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) C. Johnson for Congress Committee		Transaction ID: 24132292 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/ Type
Candidate Name Nancy L. Johnson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CHRIS PAC, Citizens for Hope Responsibility Indepe		Transaction ID: 24129329 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20005	Leadership PAC (Sen Chris Dodd)	
Purpose of Disbursement Leadership PAC (Sen Chris Dodd)		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Kent Conrad		Transaction ID: 24129324 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 2000.00
City Bismarck State ND Zip Code 58502	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meek For Congress		Transaction ID: 24130427 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 111 Nw 183rd Street Suite 325		Amount of Each Disbursement this Period 2000.00
City Miami State FL Zip Code 33169	011 Category/ Type	
Purpose of Disbursement re-election to US House of Reps		
Candidate Name Rep. Kendrick Meek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	re-election to US House of Reps

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Hillary		Transaction ID: 24129323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement Candidate Name Sen. Hillary Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. All America PAC		Transaction ID: 24129553 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Leadership PAC for Sen Bayh Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Johnson for Congress Committee		Transaction ID: 24145540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement Re-Election to US House of Reps Funds Re Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

[MEMO ITEM]
 Re-Election to US House
 of Reps Funds Reported On
 <Enter Report Name Here>

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Johnson for Congress Committee		Transaction ID: 24145541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Re-Election to US House of Reps Re-desig Candidate Name Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Re-Election to US House of Reps Re-designated funds for trans. dated 3/14/-2006

Full Name (Last, First, Middle Initial) B. Johnson for Congress Committee		Transaction ID: 24145542 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Re-election to US House of Reps Funds Re Candidate Name Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	[MEMO ITEM] Re-election to US House of Reps Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial) C. Johnson for Congress Committee		Transaction ID: 24145543 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Re-election to US House of Reps Re-desig Candidate Name Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	[MEMO ITEM] Re-election to US House of Reps Re-designated funds for trans. dated 6/12/-2006

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Johnson for Congress Committee		Transaction ID: 24145544 Date of Disbursement 06 / 12 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Re-election to US House of Reps Funds Re Candidate Name Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	[MEMO ITEM] Re-election to US House of Reps Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial) B. Johnson for Congress Committee		Transaction ID: 24145545 Date of Disbursement 06 / 13 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Re-election to US House of Reps Re-desig Candidate Name Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	[MEMO ITEM] Re-election to US House of Reps Re-designated funds for trans. dated 6/12/-2006

Full Name (Last, First, Middle Initial) C. Friends Of Mark Foley		Transaction ID: 24198659 Date of Disbursement 06 / 26 / 2006
Mailing Address 3507 Village Blvd #5-304		Amount of Each Disbursement this Period 1000.00
City West Palm Beach State FL Zip Code 33409	Purpose of Disbursement Re-election of US House of Reps Candidate Name Mark Foley Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election of US House of Reps

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Washington Senate Victory		Transaction ID: 24200268	
Mailing Address 120 Maryland Avenue NE		Date of Disbursement 06 / 26 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Committee Contribution - Democratic Part		011 Category/ Type	
Candidate Name		Committee Contribution - Democratic Party Committee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	68000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Frank Madla		Transaction ID: 23879879 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 460261		Amount of Each Disbursement this Period -1000.00
City San Antonio State TX Zip Code 78246	011 Category/Type	
Purpose of Disbursement Void - Friends of Frank Madla		
Candidate Name Senator Frank Madla		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Friends of Frank Madla

Full Name (Last, First, Middle Initial) B. Representative Elvira Reyna		Transaction ID: 23879899 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 870368		Amount of Each Disbursement this Period -500.00
City Mesquite State TX Zip Code 75187	011 Category/Type	
Purpose of Disbursement Void - Representative Elvira Reyna		
Candidate Name Representative Elvira Reyna		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Representative Elvira Reyna

Full Name (Last, First, Middle Initial) C. Kent Grusendorf Campaign		Transaction ID: 23879861 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1221 W. Nathan Lowe Road		Amount of Each Disbursement this Period -500.00
City Arlington State TX Zip Code 76017	011 Category/Type	
Purpose of Disbursement Void - Kent Grusendorf Campaign		
Candidate Name Representative Kent Grusendorf		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 94	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Kent Grusendorf Campaign

SUBTOTAL of Disbursements This Page (optional) ▶	-2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. James Beckham Campaign		Transaction ID: 23879918 Date of Disbursement 04 / 03 / 2006
Mailing Address P.O. Box 417		Amount of Each Disbursement this Period -250.00
City Abilene State TX Zip Code 79604	011 Category/ Type	
Purpose of Disbursement Void - James Beckham Campaign		
Candidate Name James Beckham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 71	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - James Beckham Camp- aign

Full Name (Last, First, Middle Initial) B. Friends of Senator Jubelirer		Transaction ID: 23818211 Date of Disbursement 04 / 12 / 2006
Mailing Address PO Box 205		Amount of Each Disbursement this Period 1000.00
City Altoona State PA Zip Code 16603	011 Category/ Type	
Purpose of Disbursement Robert Jubelirer, STATE SENATE PA		
Candidate Name Senator Robert Jubelirer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Robert Jubelirer, STATE SENATE PA

Full Name (Last, First, Middle Initial) C. Friends of John Perzel		Transaction ID: 24194631 Date of Disbursement 06 / 21 / 2006
Mailing Address 4525 Leaf Lane		Amount of Each Disbursement this Period 1000.00
City Bensalem State PA Zip Code 19020	011 Category/ Type	
Purpose of Disbursement John Perzel, STATE HOUSE 172nd PA		
Candidate Name Representative John Perzel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	John Perzel, STATE HOUSE 172nd PA

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Pennsylvania House Democratic Campaign Committee

Mailing Address P.O. Box 556
Federal Square Station

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
June 15 2006 event, Radisson Warwick Hot

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 24196218

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

June 15 2006 event, Radisson Warwick Hotel

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

750.00