

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 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 01 28 2009

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		243715.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	203659.72									
(c) Total Receipts (from Line 19)	27224.42	604272.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	230884.14	847988.64								
7. Total Disbursements (from Line 31)	6100.00	623204.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	224784.14	224784.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	25453.10	358744.28
(i) Itemized (use Schedule A)		
(ii) Unitemized	1771.32	60491.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27224.42	419236.01
(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)	27224.42	419236.01
12. Transfers From Affiliated/Other Party Committees	0.00	163964.67
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	13000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	8072.20
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))	27224.42	604272.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27224.42	604272.88

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.....	1000.00	343500.00
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.....	5100.00	279704.50
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))..	6100.00	623204.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6100.00	623204.50

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	27224.42	419236.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27224.42	419236.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL R GROSS	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 37 HARWICH LANE	Transaction ID: PR1159789621101
	City State Zip Code WEST HARTFORD CT 06117-1437	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. C	
Name of Employer United HealthCare Corpora-tion	Occupation Director Actuary - Pricing	P/R Deduction (\$8.00 Bi-W- eekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

B.	Full Name (Last, First, Middle Initial) MOLLIE CHAPMAN	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 226 BERNARD DR	Transaction ID: PR1159790521101
	City State Zip Code MONROE OH 45050	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Hospital Network Manager	P/R Deduction (\$10.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) KEN L HOVERMAN	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 16221 SIERRA DE AVILA	Transaction ID: PR1159790921101
	City State Zip Code TAMPA FL 33613	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group, Inc.	Occupation Regional Marketing Director	P/R Deduction (\$30.00 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)	▶	96.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAMELA A TULUMELLO

Mailing Address 17715 N 68TH DRIVE

City State Zip Code
GLENDALE AZ 85308

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159793121101

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT J SHEEHY

Mailing Address 5805 MAIT LN

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP UnitedHealth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4940.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159794021101

Amount of Each Receipt this Period
380.00

P/R Deduction (\$190.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DEBORAH S STREB

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code
UPPER ARLINGTON OH 43221

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159794121101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code
WEST WARWICK RI 02893

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159794621101

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Network Dvlpmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159798221101

Amount of Each Receipt this Period
38.46

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

C. Full Name (Last, First, Middle Initial)
CHERYL A POPECK

Mailing Address 1770 ADAMS STREET

City State Zip Code
LONGWOOD FL 32750

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

Name of Employer Occupation
UnitedHealth Group, Inc. Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159799421101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► **98.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 110
	<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) HERBERT L WHETSTINE	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 22351 WAGONWHEEL TRA	Transaction ID: PR1159803621101
	City State Zip Code LAKEVILLE MN 55044	Amount of Each Receipt this Period 19.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Director Aviation & Corp Pilots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.86	P/R Deduction (\$9.61 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BRIAN R BELLOWS	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 10 SHADOWOOD LANE	Transaction ID: PR1159803821101
	City State Zip Code TRUMBULL CT 06611-5014	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. VP Sales - Uniprise	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KEITH W NOBLITT	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 984 FAIRVIEW CLUB CIRCLE	Transaction ID: PR1159805521101
	City State Zip Code DACULA GA 30019	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Strategic Client Exec-Uniprise	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	89.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6520 SHENANDOAH DR

City State Zip Code
LINCOLN NE 68510

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159806021101
Amount of Each Receipt this Period: 38.46
P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 4336 BROWDALE

City State Zip Code
SAINT LOUIS PARK MN 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159807421101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KENNETH A BURDICK

Mailing Address 4260 QUEEN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55410

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159808921101
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 178.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 110
(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)
NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City State Zip Code
BURNSVILLE MN 55337

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159809121101
Amount of Each Receipt this Period: 23.08
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 2657 WOODBRIDGE RD

City State Zip Code
WAYZATA MN 55391

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159812621101
Amount of Each Receipt this Period: 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer: United HealthGroup Occupation: President Insurance Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1159812821101
Amount of Each Receipt this Period: 76.92
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 484.60

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 110
(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)
DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer
UnitedHealth Group, Inc.

Occupation
EVP & Gr Pres Ind & Empl Mkts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: PR1159814721101

Amount of Each Receipt this Period
384.00

P/R Deduction (\$191.70 Bi-Weekly)

B.

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

Mailing Address 2407 LAKE PLACE

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer
UnitedHealth Group, Inc.

Occupation
SVP Business Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.80

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: PR1159815921101

Amount of Each Receipt this Period
384.60

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

C.

Full Name (Last, First, Middle Initial)
PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125

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

Name of Employer
United HealthGroup, Inc.

Occupation
Business Segment CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: PR1159816421101

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **968.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 2119 WINDSONG CIRCLE	Transaction ID: PR1159816621101
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. EVP UHG	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

B.	Full Name (Last, First, Middle Initial) JOHN S PENSHORN	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 120 BLACK OAKS LANE	Transaction ID: PR1159816921101
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. SVP UnitedHealth Group	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

C.	Full Name (Last, First, Middle Initial) PAUL D KALLMEYER	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 468 HERALD DR	Transaction ID: PR1159817421101
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United HealthGroup Assoc General Counsel	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional)	470.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 110
	<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) JOHN R MACH JR		Date of Receipt
	Mailing Address 7431 SHANNON DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	EDINA	MN	55439
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation President EverCare	Transaction ID: PR1159817621101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4342.00"/>	Amount of Each Receipt this Period <input type="text" value="334.00"/>
			P/R Deduction (\$167.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) TIMOTHY F RYAN		Date of Receipt
	Mailing Address 4913 BRUCE AVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	EDINA	MN	55424
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group		Occupation Business Segment Gen Counsel	Transaction ID: PR1159817921101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="494.00"/>	Amount of Each Receipt this Period <input type="text" value="38.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) THOMAS J QUIRK		Date of Receipt
	Mailing Address 5769 CEDAR GROVE CR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PLANO	TX	75093
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group		Occupation Health Plan CEO	Transaction ID: PR1159819121101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="999.96"/>	Amount of Each Receipt this Period <input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="448.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 110
(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)
REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer UnitedHealth Group Occupation EVP Consumr Health & Med Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159819821101

Amount of Each Receipt this Period
230.76

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

B.

Full Name (Last, First, Middle Initial)
DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City State Zip Code
HIGHLAND PARK NJ 08904-1851

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159820221101

Amount of Each Receipt this Period
25.00

P/R Deduction (\$12.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DEBRA A OBERMAN

Mailing Address 4212 ALDEN DR

City State Zip Code
EDINA MN 55416

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

Name of Employer UnitedHealth Group, Inc. Occupation Director State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159820721101

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional) ► **294.22**

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

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

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

FOR LINE NUMBER: PAGE 16 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM D YOUNG

Mailing Address 3032 TEMPLE TRAIL

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159821321101

Amount of Each Receipt this Period 76.90

P/R Deduction (\$38.45 Bi-Weekly)

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

Mailing Address 13016 CANTERBURY

City State Zip Code
LEAWOOD KS 66209

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159821521101

Amount of Each Receipt this Period 115.40

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

C. Full Name (Last, First, Middle Initial)
MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City State Zip Code
AUSTIN TX 78726-2422

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159822021101

Amount of Each Receipt this Period 23.08

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

SUBTOTAL of Receipts This Page (optional) ► **215.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 110

(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)
CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City State Zip Code
PLYMOUTH MN 55446

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159823521101

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)
RICHARD J MIGLIORI

Mailing Address BOX 72

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Bus Initiatives & Clin Aff

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159827421101

Amount of Each Receipt this Period

153.84

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

C.

Full Name (Last, First, Middle Initial)
BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City State Zip Code
FLORISSANT MO 63031

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Customer Service

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159828721101

Amount of Each Receipt this Period

23.08

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

SUBTOTAL of Receipts This Page (optional)

236.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 110
(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)
JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code
MINNETRISTA MN 55364-7708

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP UHG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159830021101

Amount of Each Receipt this Period
384.60

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

B.

Full Name (Last, First, Middle Initial)
JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City State Zip Code
ALPHARETTA GA 30005-6976

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

Name of Employer Occupation
UnitedHealth Group, Inc. SB VP Sales and Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159830521101

Amount of Each Receipt this Period
38.46

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

C.

Full Name (Last, First, Middle Initial)
PAUL J GRANDPRE

Mailing Address 44 SATARI DRIVE

City State Zip Code
COVENTRY CT 06238-1031

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Customer Admin Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1159837121101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► **443.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 110
(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)
JOHN F STEVENSON

Mailing Address 5 BARBERRY DRIVE

City BURLINGTON State CT Zip Code 06013-1529

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

Name of Employer UnitedHealth Group, Inc. Occupation Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.80

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1159839321101

Amount of Each Receipt this Period 19.60

P/R Deduction (\$9.80 Bi-W-
eekly)

B. Full Name (Last, First, Middle Initial)
JILL WINTERS

Mailing Address 16 SPOEDE LN

City SAINT LOUIS State MO Zip Code 63141-7708

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1159840421101

Amount of Each Receipt this Period 108.00

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

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

Mailing Address 35 MARA TRAIL

City SOUTH WINDSOR State CT Zip Code 06074-2254

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.58

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1159841621101

Amount of Each Receipt this Period 16.66

P/R Deduction (\$8.33 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional) ► 144.26

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 110
(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)
Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City State Zip Code
MCLEAN VA 22102

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP UHG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1332013221101

Amount of Each Receipt this Period
384.60

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

B.

Full Name (Last, First, Middle Initial)
JOHN KIRCHNER

Mailing Address 1 WILLIAMSON LANE

City State Zip Code
LAMBERTVILLE NJ 08530

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1530190521101

Amount of Each Receipt this Period
76.92

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

C.

Full Name (Last, First, Middle Initial)
THELMA DUGGIN

Mailing Address 7214 EVANS MILL ROAD

City State Zip Code
MCLEAN VA 22101

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

Name of Employer UnitedHealth Group, Inc. Occupation Regl President AmeriChoice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1530799221101

Amount of Each Receipt this Period
384.62

P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **846.14**

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

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

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

FOR LINE NUMBER: PAGE 21 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT J BOHNENKAMP

Mailing Address 4925 WOODS COURT

City State Zip Code
GREENWOOD MN 55331

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1551005621101

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 121 W VIEW STREET

City State Zip Code
LOMBARD IL 60148

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Care Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1551005721101

Amount of Each Receipt this Period
40.00

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

C. Full Name (Last, First, Middle Initial)
TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347-3242

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Pharmacy Benefit Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1551122521101

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **504.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 110
(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)
CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City WETHERSFIELD State CT Zip Code 06109

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551128921101

Amount of Each Receipt this Period 23.08

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

B.

Full Name (Last, First, Middle Initial)
JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City FARMINGVILLE State NY Zip Code 11738

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551132321101

Amount of Each Receipt this Period 40.00

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

C.

Full Name (Last, First, Middle Initial)
GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551132521101

Amount of Each Receipt this Period 76.92

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

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 110
(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

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)
MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551133421101

Amount of Each Receipt this Period 38.46

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

B.

Full Name (Last, First, Middle Initial)
DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551160321101

Amount of Each Receipt this Period 38.46

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

C.

Full Name (Last, First, Middle Initial)
ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City CHICO State CA Zip Code 95926

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

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Client Exec-Uniprise

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR1551160721101

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 96.92

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

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

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

FOR LINE NUMBER: PAGE 24 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Recruitment Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1551161321101
Amount of Each Receipt this Period: 153.84
P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LOIS T WEIHRAUCH

Mailing Address 8045 CHEYENNE AV

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1551161421101
Amount of Each Receipt this Period: 108.00
P/R Deduction (\$54.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City State Zip Code
SOUTH WINDSOR CT 06074

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1554323521101
Amount of Each Receipt this Period: 110.00
P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **371.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 110
	<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) CHRISTINE MCCARTNEY HARRIS		Date of Receipt
	Mailing Address 25 JUSTIN LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WETHERSFIELD	CT	06109-2936
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1554323621101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/>
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) RICK M JELINEK		Date of Receipt
	Mailing Address 5570 WOODSIDE LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SHOREWOOD	MN	55331
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1554323921101
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.80	<input type="text"/>
			P/R Deduction (\$192.30 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL RADU		Date of Receipt
	Mailing Address 42820 VIOLA CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LEESBURG	VA	20176
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1554324521101
Name of Employer UnitedHealth Group, Inc.		Occupation VP Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	<input type="text"/>
			P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 443.06
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 26 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City State Zip Code
MISSOURI CITY TX 77459-2912

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1554324621101

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 3840 INGLEWOOD AVE S

City State Zip Code
SAINT LOUIS PARK MN 55416

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Network Dvlpmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1554324721101

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 12220 54TH AVENUE N

City State Zip Code
PLYMOUTH MN 55442

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1575957621101

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional) ▶ **523.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 110
(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)
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City State Zip Code
NEW HOPE PA 18938

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1575958121101

Amount of Each Receipt this Period
153.84

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

B.

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

Mailing Address 4701 GOLF TERRACE

City State Zip Code
EDINA MN 55424

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1575958521101

Amount of Each Receipt this Period
384.60

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

C.

Full Name (Last, First, Middle Initial)
DAVID B OSTLER

Mailing Address 11804 Waterford Road

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP IBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1580864621101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► **558.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 110
(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) THOMAS S PAUL		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 2006 QUEEN AVENUE SOUTH		Transaction ID: PR1580864721101
City MINNEAPOLIS	State MN	Zip Code 55405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group, Inc.	Occupation Pres UnitedHealth Alliances	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

B.

Full Name (Last, First, Middle Initial) ROB WEBB		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 4516 DREXEL AVENUE		Transaction ID: PR1580865321101
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Care Solutions	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

C.

Full Name (Last, First, Middle Initial) CHARLES A BOWLES		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 45 GIDEONS POINT ROAD		Transaction ID: PR1596303921101
City TONKA BAY	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Sales	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional)	499.98
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 110

(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)
RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City State Zip Code
VICTORIA MN 55386

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Human Capital Dvlpmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596304121101

Amount of Each Receipt this Period
20.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN KING

Mailing Address 1 EDEN HILL LANE

City State Zip Code
SOUTHWICK MA 01077

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Sales - Uniprise

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596304421101

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
GAYE A MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. Business Segment Gen Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596304521101

Amount of Each Receipt this Period
230.76

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

SUBTOTAL of Receipts This Page (optional)

270.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 110
	<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) JAY S MATUSHAK	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 9346 SHETLAND ROAD	Transaction ID: PR1596304621101
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Healthcare Analytics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 18266 DOVE CT	Transaction ID: PR1596304821101
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CAROL B MORNESS	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 10480 BLUFF RD	Transaction ID: PR1596304921101
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 31 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAMELA J RUSSO
 Mailing Address 2009 FELIZ RD
 City NOVATO State CA Zip Code 94945
 Date of Receipt 12 / 31 / 2008
 Transaction ID: PR1596305021101
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer UnitedHealth Group, Inc. Occupation Human Capital Partner (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.04

B. Full Name (Last, First, Middle Initial)
SCOTT E THEISEN
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356
 Date of Receipt 12 / 31 / 2008
 Transaction ID: PR1596305621101
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer UnitedHealth Group, Inc. Occupation SVP Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 499.98

C. Full Name (Last, First, Middle Initial)
THOMAS D LEWIS
 Mailing Address 306 CHIPPEWA AVENUE
 City TAMPA State FL Zip Code 33606
 Date of Receipt 12 / 31 / 2008
 Transaction ID: PR1596306921101
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 999.96

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 110

(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) ROBERT W OBERRENDER		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4505 MOORLAND AVENUE		Transaction ID: PR1596307021101
	City EDINA	State MN	Zip Code 55424
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Treasurer	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 754.00		

B.	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3318 FOXRIDGE CIRCLE		Transaction ID: PR1596309721101
	City TAMPA	State FL	Zip Code 33618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

C.	Full Name (Last, First, Middle Initial) LISA M BEHNKE		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1643 BRICKELL AVENUE #1906		Transaction ID: PR1596309821101
	City MIAMI	State FL	Zip Code 33129
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00		

SUBTOTAL of Receipts This Page (optional) ► **298.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) TROY A BORCA	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3585 CLARE DOWNS PATH	Transaction ID: PR1596310421101
	City State Zip Code ROSEMOUNT MN 55068	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY S COOK	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 21311 OAK RIDGE CT	Transaction ID: PR1596311321101
	City State Zip Code SAN ANTONIO TX 78258-6906	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04	

C.	Full Name (Last, First, Middle Initial) RAMON E COTO	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 14021 LEANING PINE DRIVE	Transaction ID: PR1596311521101
	City State Zip Code MIAMI LAKES FL 33014	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional)	81.54
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 34 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANNE D DEFUSCO

Mailing Address 567 CORTLAND CIRCLE

City State Zip Code
CHESHIRE CT 06410

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1596311721101
Amount of Each Receipt this Period: 23.08
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 407 GRENACHE CIRCLE

City State Zip Code
CLAYTON CA 94517

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Acq KA VP SIs and Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1596312121101
Amount of Each Receipt this Period: 23.08
P/R Deduction (\$11.54 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RICHARD G DUNLOP

Mailing Address 2964 WYSE COURT

City State Zip Code
LEWIS CENTER OH 43035

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1596312321101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 66.16

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 110
	<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) JILLIAN FOUCRE	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 314 GREENFIELD	Transaction ID: PR1596312721101
	City State Zip Code GLEN ELLYN IL 60137	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Reg Network Mgmt Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) STEVAN D GARCIA	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4675 DELAWARE DRIVE	Transaction ID: PR1596312921101
	City State Zip Code LARKSPUR CO 80118	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

C.	Full Name (Last, First, Middle Initial) EDWARD J HAWLEY	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 8046 E VIA DEL VALLE	Transaction ID: PR1596313621101
	City State Zip Code SCOTTSDALE AZ 85258	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation SB SVP National SIs & AM	
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)	155.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 110
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) KURT A HEUMANN		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 9825 GERALD DR		Transaction ID: PR1596313721101
City SAINT LOUIS	State MO	Zip Code 63128-1767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) JOHN H RENNICK JR		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 3220 LAKEWOOD EDGE DRIVE		Transaction ID: PR1596316821101
City CHARLOTTE	State NC	Zip Code 28269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

C.

Full Name (Last, First, Middle Initial) STEPHAN S RODGERS		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 3455 CONGRESS STREET		Transaction ID: PR1596317121101
City FAIRFIELD	State CT	Zip Code 06824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer UnitedHealth Group, Inc.	Occupation VP Healthcare Strategies	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

SUBTOTAL of Receipts This Page (optional)	463.06
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6500 SW 131 STREET

City State Zip Code
MIAMI FL 33156

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596317321101

Amount of Each Receipt this Period 38.46

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
SILVER SPRING MD 20905

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

Name of Employer UnitedHealth Group, Inc. Occupation COO UHC & Regional CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596317421101

Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City State Zip Code
PARKLAND FL 33076

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596317721101

Amount of Each Receipt this Period 38.46

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

SUBTOTAL of Receipts This Page (optional) ► 226.92

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

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

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

FOR LINE NUMBER: PAGE 38 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
CIRCLE PINES MN 55014-5488

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596318921101

Amount of Each Receipt this Period
23.08

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

B. Full Name (Last, First, Middle Initial)
CHRIS B TURNAU

Mailing Address PO BOX 43216
3741 DUNBAR KNOLL

City State Zip Code
BROOKLYN PARK MN 55443

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596319121101

Amount of Each Receipt this Period
20.00

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

C. Full Name (Last, First, Middle Initial)
FRANK M VIERLING

Mailing Address N5021 GREENS COULEE

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1596319421101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **63.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 110
	<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) M LAURIE WASSERSTEIN	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 92 GOODWIN CIRCLE	Transaction ID: PR1596319521101
	City State Zip Code HARTFORD CT 06105	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. PS RVP Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

B.	Full Name (Last, First, Middle Initial) MYRON R WERLEY	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4260 FOXBERRY COURT	Transaction ID: PR1596319621101
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Director Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM R WILSON	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 7 CLIFFORD AVENUE	Transaction ID: PR1596320021101
	City State Zip Code TOLLAND CT 06084-2535	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Director Underwriting	
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)	83.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 7310 WELLS RD

City State Zip Code
PLAIN CITY OH 43064

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1596320121101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 1 ROXITICUS VIEW

City State Zip Code
CHESTER NJ 07930

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1600597321101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MICHAEL ILE

Mailing Address 14924 PONDVIEW CIRCLE

City State Zip Code
WAYZATA MN 55391

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1600597621101
Amount of Each Receipt this Period: 38.46
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 98.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 110
(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)
STEPHEN B GREENBERG

Mailing Address 11508 DALYN TERRACE

City POTOMAC State MD Zip Code 20854

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Syndicated Content Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1600598421101
 Amount of Each Receipt this Period: 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B.

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Acquisitions & Integrations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1600598521101
 Amount of Each Receipt this Period: 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

C.

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Clinical Advancement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR1600598721101
 Amount of Each Receipt this Period: 130.00
 P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **191.54**

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

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

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

FOR LINE NUMBER: PAGE 42 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL P CAUTIN
 Mailing Address 7013 HIGHOVER COURT SOUTH
 City State Zip Code
 CHANHASSEN MN 55317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98
 Date of Receipt 12 / 31 / 2008
Transaction ID: PR1602667521101
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MATTHEW W PETERSON
 Mailing Address 20595 SPENCER LANE
 City State Zip Code
 SHOREWOOD MN 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00
 Date of Receipt 12 / 31 / 2008
Transaction ID: PR1602669921101
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JEFF W MALONEY
 Mailing Address 18076 CLEAR SPRING LANE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation VP Operations - Evercare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90
 Date of Receipt 12 / 31 / 2008
Transaction ID: PR1613243521101
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 310.76
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 110
(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)
ALLEN LAWRENCE FINKELSTEIN

Mailing Address 8 EAST 76TH STREET

City State Zip Code
NEW YORK NY 10021

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1620989021101

Amount of Each Receipt this Period 76.92

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

B.

Full Name (Last, First, Middle Initial)
LINDA L CULLEN

Mailing Address 441 E N BROADWAY

City State Zip Code
COLUMBUS OH 43214

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1632359721101

Amount of Each Receipt this Period 20.00

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

C.

Full Name (Last, First, Middle Initial)
DANIEL S WALLER

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1273.40

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1632360021101

Amount of Each Receipt this Period 2.00

P/R Deduction (\$1.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 98.92

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

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

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

FOR LINE NUMBER: PAGE 44 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM F KENNEDY
Mailing Address 14 MYRA LN
City BURLINGTON State CT Zip Code 06013
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director IT Project Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.14
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1653443121101
Amount of Each Receipt this Period 30.78
P/R Deduction (\$15.39 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEVE R KOOREN
Mailing Address 4444 ELLSWORTH DRIVE
City EDINA State MN Zip Code 55435
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1499.94
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1653443221101
Amount of Each Receipt this Period 115.38
P/R Deduction (\$57.69 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
THOMAS J BELLAMY
Mailing Address 2743 THOMAS AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55416
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Sales Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.20
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1653444321101
Amount of Each Receipt this Period 115.40
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 261.56
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 110

(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)
SUE E BRAY

Mailing Address 17936 FULDA CIRCLE

City State Zip Code
LAKEVILLE MN 55044

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

Name of Employer Occupation
UnitedHealth Group, Inc. IT Project Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1653444421101

Amount of Each Receipt this Period

23.08

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

B.

Full Name (Last, First, Middle Initial)
ROBERT L HOLMAN

Mailing Address N12464 HORSESHOE BEND RD

City State Zip Code
MINONG WI 54859

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Network Pricing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR16534445021101

Amount of Each Receipt this Period

20.00

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

C.

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

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT Project Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR16534445821101

Amount of Each Receipt this Period

23.08

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

SUBTOTAL of Receipts This Page (optional)

66.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOYCE A LARKIN
 Mailing Address 511 WESTMINSTER ROAD
 City State Zip Code
 EDGEWATER MD 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Director Communications
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1999.92
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR1677771621101
 Amount of Each Receipt this Period
 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. MILES S SNOWDEN
 Mailing Address 3568 REMBRANDT ROAD
 City State Zip Code
 ATLANTA GA 30327-2638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. SVP Health Advancement
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.80
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR1746717821101
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN T KOUTSOUMPAS JR
 Mailing Address 7202 CONNECTICUT AVENUE
 City State Zip Code
 CHEVY CHASE MD 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. VP Public Policy
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.80
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR1748514521101
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 110
(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)
ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City State Zip Code
DERWOOD MD 20855

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806441621101

Amount of Each Receipt this Period
22.00

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

B.

Full Name (Last, First, Middle Initial)
JASON DUDASH

Mailing Address 2918 BACHMAN RD

City State Zip Code
MANCHESTER MD 21102

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager Applications Dvlpmnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806441921101

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
DIANA KERNER

Mailing Address 215 BROOKFIELD ROAD

City State Zip Code
PASADENA MD 21122

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Pharmacy Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806442721101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► **62.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 110
(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)
KARL H KRAMER

Mailing Address 12225 TIMBER RUN CT

City State Zip Code
MONROVIA MD 21770

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806443021101

Amount of Each Receipt this Period
20.00

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

B.

Full Name (Last, First, Middle Initial)
JEFF L LEVINE

Mailing Address 619 BOND AVE

City State Zip Code
REISTERSTOWN MD 21136

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

Name of Employer Occupation
UnitedHealth Group, Inc. PS Mgr Acct Mgmt (FEHBP)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806443221101

Amount of Each Receipt this Period
40.00

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

C.

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

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
UnitedHealth Group, Inc. OpX Business Black Belt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1806444721101

Amount of Each Receipt this Period
35.20

P/R Deduction (\$17.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 95.20

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

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

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

FOR LINE NUMBER: PAGE 49 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LORI A ARCHER
Mailing Address 2781 SADDLE CLUB ROAD
City GREENWOOD State IN Zip Code 46143
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Sales Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1806750121101
Amount of Each Receipt this Period 23.08
P/R Deduction (\$11.54 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GREGORY A BAYER
Mailing Address 3369 STAGE COACH DR
City LAFAYETTE State CA Zip Code 94549
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation CEO Behavioral Solutions
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1560.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1806750221101
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PAUL M EMERSON
Mailing Address 13904 NEVADA AVE S
City SAVAGE State MN Zip Code 55378
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96
Date of Receipt 12 / 31 / 2008
Transaction ID: PR1806750321101
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 220.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 110
(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)
SHERRIC PINOTTI

Mailing Address 416 BEAR AVE S

City State Zip Code
VADNAIS HEIGHTS MN 55127

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1832039821101

Amount of Each Receipt this Period: 57.70

P/R Deduction (\$28.85 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City State Zip Code
PLYMOUTH MN 55442

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1882850621101

Amount of Each Receipt this Period: 80.00

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

C.

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

Mailing Address 7 W 200 S

City State Zip Code
DRIGGS ID 83422

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Marketing/Bus Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1903550721101

Amount of Each Receipt this Period: 115.40

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

SUBTOTAL of Receipts This Page (optional) ► **253.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 110
(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)
KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City State Zip Code
ENFIELD CT 06082

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1903560821101

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
SUSAN A CASEY

Mailing Address 524 W MINNEHAHA PKWY

City State Zip Code
MINNEAPOLIS MN 55419-1260

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1903567821101

Amount of Each Receipt this Period
23.08

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

C.

Full Name (Last, First, Middle Initial)
ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City State Zip Code
EAGAN MN 55123

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1903577121101

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **113.08**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 110
(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)
SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1903578121101

Amount of Each Receipt this Period: 200.00

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

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
STILLWATER MN 55082

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1903591121101

Amount of Each Receipt this Period: 20.00

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

C.

Full Name (Last, First, Middle Initial)
JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR1903622021101

Amount of Each Receipt this Period: 23.08

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

SUBTOTAL of Receipts This Page (optional) ▶ 243.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City State Zip Code
COVENTRY CT 06238

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1903636921101

Amount of Each Receipt this Period 38.46

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

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

Mailing Address 15316 COUTOLENC RD

City State Zip Code
MAGALIA CA 95954

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR1910417421101

Amount of Each Receipt this Period 23.08

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

C. Full Name (Last, First, Middle Initial)
GARY J AHWAH

Mailing Address 2010 VELEZ DR

City State Zip Code
RANCHO PALOS VERDE CA 90275

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119466721101

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **161.54**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 110
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA State WI Zip Code 54155

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

Name of Employer UnitedHealth Group, Inc. Occupation Assoc General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119466821101
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
ALTHEA BARBER-SMITH

Mailing Address 3442 ALDERLY LANE

City ORANGE State CA Zip Code 92867

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Appeals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119467521101
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JON D D BEATY

Mailing Address PO BOX 1211

City CLACKAMAS State OR Zip Code 97015

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Quality Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119467821101
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) RUSSELL A BENNETT		Date of Receipt
	Mailing Address 5 SILVER CREEK		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119468021101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Marketing/Bus Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL		Date of Receipt
	Mailing Address 10 SHADOW GLEN		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	IRVINE	CA	92620-0204
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119468121101
Name of Employer UnitedHealth Group, Inc.		Occupation SVP Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4992.00	<input type="text"/> 384.00
			P/R Deduction (\$192.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DAVID N N BOOHER		Date of Receipt
	Mailing Address 14812 SUMMERBREEZE WY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	SAN DIEGO	CA	92128
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119468621101
Name of Employer UnitedHealth Group, Inc.		Occupation Mgr Pharmacy Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 20.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 444.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 110
(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)
KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City State Zip Code
SAN DIEGO CA 92154

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119469421101

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
DANIEL P CADRIEL

Mailing Address 7010 W AURORA DR

City State Zip Code
GLENDALE AZ 85308

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

Name of Employer UnitedHealth Group, Inc. Occupation PS Director. Strategic Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119469821101

Amount of Each Receipt this Period 20.00

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

C.

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

Mailing Address SUITE 3-628
1930 VILLAGE CENTER CIR

City State Zip Code
LAS VEGAS NV 89134

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Quality Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119469921101

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 110
(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)
ROBIN L CARDER

Mailing Address 17881 W 35TH STEET SOUTH

City State Zip Code
SAND SPRINGS OK 74063

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Network Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119470121101

Amount of Each Receipt this Period
20.00

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

B.

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

Mailing Address 13130 WESTPORT ST

City State Zip Code
MOORPARK CA 93021-2958

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119470221101

Amount of Each Receipt this Period
40.00

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

C.

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

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119470321101

Amount of Each Receipt this Period
192.00

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

SUBTOTAL of Receipts This Page (optional) ► **252.00**

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

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

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

FOR LINE NUMBER: PAGE 58 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL J CHIARODIT
Mailing Address 4705 ARCOLA AV
City TOLUCA LAKE State CA Zip Code 91602
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Acq KA VP SIs and Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119470521101
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
HAROLD COATS
Mailing Address 8112 SAPHIRE BAY CIRCLE
City LAS VEGAS State NV Zip Code 89128
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Sr Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119471021101
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RANDELL J CORREIA
Mailing Address PO BOX 1025
City RANCHO SANTA FE State CA Zip Code 92067
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Pharm Mail Svcs Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119471321101
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 59 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City State Zip Code
ROSSMOOR CA 90720

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119471821101
Amount of Each Receipt this Period: 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
WILLIAM JOHN CUNNINGHAM, MD

Mailing Address 26321 CANNES

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119471921101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City State Zip Code
PHOENIX AZ 85021-7108

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119472521101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 130.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LINDA M DAYAN
 Mailing Address 5364 E ABBEYFIELD ST
 City State Zip Code
LONG BEACH CA 90815-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Director Finance
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 494.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2119472621101
 Amount of Each Receipt this Period
 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
TODD J DEMBROSKI
 Mailing Address 1390 FINCH LN
 City State Zip Code
GREEN BAY WI 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Director Pricing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2119472821101
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANDREA E DILWEG
 Mailing Address 2321 CARROLL PK SOUTH
 City State Zip Code
LONG BEACH CA 90814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Director Regulatory Affairs
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 962.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2119472921101
 Amount of Each Receipt this Period
 74.00
 P/R Deduction (\$37.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 142.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 110
(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)
TARA M DUNGAN

Mailing Address PO BOX 691354

City SAN ANTONIO State TX Zip Code 78269

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Case Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119473221101
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
BRADLEY M FLUITT

Mailing Address 108 NORTH ROLLING OAKS

City SAN ANTONIO State TX Zip Code 78253

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119474121101
 Amount of Each Receipt this Period: 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ROBERT A FRIEDMAN

Mailing Address 24336 LA MASINA CT

City CALABASAS State CA Zip Code 91302

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Acq KA Sales Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119474521101
 Amount of Each Receipt this Period: 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 110
	<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) ANGELO GIAMBRONE		Date of Receipt
	Mailing Address 1821 PARK STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92648
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119475121101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Industry Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1560.00	120.00
			P/R Deduction (\$60.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) AMY J GILDERNICK		Date of Receipt
	Mailing Address 2709 WILLIAMS GRANT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	DEPERE	WI	54115
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119475221101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	40.00
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) SANDRA R GLICKMAN		Date of Receipt
	Mailing Address 13622 SIOUX RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	WESTMINSTER	CA	92683
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119475321101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Case Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	20.00
			P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 110 (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)

<p>A. Full Name (Last, First, Middle Initial) MARIA C GONZALES</p> <p>Mailing Address 14111 PARKHURST</p> <p>City State Zip Code SAN ANTONIO TX 78232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Case Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2008</p> <p>Transaction ID: PR2119475421101</p> <p>Amount of Each Receipt this Period 20.00</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) DAVID M HANSEN</p> <p>Mailing Address 33 VIA CONOCIDO</p> <p>City State Zip Code SAN CLEMENTE CA 92673</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Region CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3510.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2008</p> <p>Transaction ID: PR2119476721101</p> <p>Amount of Each Receipt this Period 270.00</p> <p>P/R Deduction (\$135.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) MADELINE L HARLAN</p> <p>Mailing Address 5642 E PEABODY STREET</p> <p>City State Zip Code LONG BEACH CA 90808</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Government Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 494.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2008</p> <p>Transaction ID: PR2119476921101</p> <p>Amount of Each Receipt this Period 38.00</p> <p>P/R Deduction (\$19.00 Bi-Weekly)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>328.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

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

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

FOR LINE NUMBER: PAGE 64 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANNE P HARVEY

Mailing Address 4916 THOR WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Regional Network Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119477221101

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
PAULINE M HAYES

Mailing Address 2093 NORDIC STREET

City State Zip Code
ORANGE CA 92865

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119477421101

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
UnitedHealth Group, Inc. Chief Clinical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119477921101

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KEVIN C HOSKINS

Mailing Address 1918 E DIAMOND DRIVE

City State Zip Code
TEMPE AZ 85283

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Data Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119478121101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KEVIN D HOST

Mailing Address 9090 ROTHERHAM AVE

City State Zip Code
SAN DIEGO CA 92129

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pharmacy Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119478221101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DONNAL HUSER

Mailing Address 406 SKYTRAIL DR

City State Zip Code
NEW BRAUNFELS TX 78130

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Spvsr Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119478621101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) BRIAN JEFFREY		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 9 RIMROCK		Transaction ID: PR2119479121101
	City IRVINE	State CA	Zip Code 92603
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Network Management	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B.	Full Name (Last, First, Middle Initial) JOHN D JONES		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3562 REDWOOD		Transaction ID: PR2119479221101
	City IRVINE	State CA	Zip Code 92606-2124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Public/Gov't Affairs-Corp	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00		

C.	Full Name (Last, First, Middle Initial) RONALD W JORDAN		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1626 NW 38TH ST		Transaction ID: PR2119479321101
	City OKLAHOMA CITY	State OK	Zip Code 73118
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Customer Service	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional)	▶	272.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 110
	<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) KATHLEEN M KANNE		Date of Receipt
	Mailing Address 43 BARBADOS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ALISO VIEJO	CA	92656
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119479621101
		Amount of Each Receipt this Period	<input type="text"/>
			60.00
Name of Employer UnitedHealth Group, Inc.		Occupation Director Regional Marketing	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	
			780.00

B.	Full Name (Last, First, Middle Initial) JOSEPH W KEEN		Date of Receipt
	Mailing Address 2135 DALY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GREEN BAY	WI	54311
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119479721101
		Amount of Each Receipt this Period	<input type="text"/>
			20.00
Name of Employer UnitedHealth Group, Inc.		Occupation Director Government Relations	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	
			260.00

C.	Full Name (Last, First, Middle Initial) MARK C KNUTSON		Date of Receipt
	Mailing Address 13102 PALOMAR WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NORTH TUSTIN	CA	92705
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119480221101
		Amount of Each Receipt this Period	<input type="text"/>
			30.00
Name of Employer UnitedHealth Group, Inc.		Occupation Director Customer Service	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	
			390.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>
	110.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 110
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
TIFFANY T LAM

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Opns & Perf Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: PR2119480721101

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
PAMELA S LEAL

Mailing Address 8371 CLARKDALE

City State Zip Code
HUNTINGTON BEACH CA 92646

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: PR2119481021101

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
CHARLES E LEWIS

Mailing Address 7417 S LAFAYETTE CR EAST

City State Zip Code
CENTENNIAL CO 80122

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Medicare Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2008

Transaction ID: PR2119481521101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUSAN A LINDE
Mailing Address 9845 JOEL CIRCLE
City CYPRESS State CA Zip Code 90630-3912
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Regulatory Affairs Spclst III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119481821101
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHRYN H LOURTIE
Mailing Address 307 29TH STREET
City HERMOSA BEACH State CA Zip Code 90254
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Project Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119482121101
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SANDY M LUEDKE
Mailing Address 1208 COPRINUS DR
City GREEN BAY State WI Zip Code 54313
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation IT Database Cnsltnt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119482221101
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 110
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY A LUKER	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3115 S GOTHIC CIRCLE	Transaction ID: PR2119482321101
	City State Zip Code GREEN BAY WI 54313	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$8.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuarial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 208.00	

B.	Full Name (Last, First, Middle Initial) HEATHER M MACE-MEADOR	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 13531 CARLTON OAKS	Transaction ID: PR2119482521101
	City State Zip Code SAN ANTONIO TX 78232	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Director Utilization Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

C.	Full Name (Last, First, Middle Initial) JEFFREY S MASON	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 5670 SHEMIRAN ST	Transaction ID: PR2119483021101
	City State Zip Code LA VERNE CA 91750	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 390.00	

SUBTOTAL of Receipts This Page (optional)	86.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PETER W MCKINLEY

Mailing Address 6212 OAKBROOK CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Reg Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119483721101
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$75.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119483921101
Amount of Each Receipt this Period: 130.00
P/R Deduction (\$65.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
BENITO M MIRANDA

Mailing Address PO BOX 1522

City State Zip Code
LOMITA CA 90717

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Territory Developer-Secure Hor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119484221101
Amount of Each Receipt this Period: 24.00
P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 304.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 110
	<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) NANCY J MONK		Date of Receipt
	Mailing Address 12271 CHIANTI DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LOS ALAMITOS	CA	90720
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119484321101
Name of Employer UnitedHealth Group, Inc.		Occupation VP Govt Affairs & Compl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	<input type="text" value="100.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CAROLYN L MURRAY		Date of Receipt
	Mailing Address 2288 BUFFALO RUN AVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAS VEGAS	NV	89123
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119484821101
Name of Employer UnitedHealth Group, Inc.		Occupation Acq KA Director Acct Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) SCOTT A NEURURER		Date of Receipt
	Mailing Address 9852 SILVRETTA DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CYPRESS	CA	90630
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119484921101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Administrative Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1404.00"/>	<input type="text" value="108.00"/>
			P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="228.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 110
	<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) KEITH E NYGARD	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 372 1/2 NEWPORT AVE	Transaction ID: PR2119485021101
	City State Zip Code LONG BEACH CA 90814	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) TRACY L OLLMANN-WAGNER	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 2839 TIMBER LANE	Transaction ID: PR2119485221101
	City State Zip Code GREEN BAY WI 54313	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Mgr Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM H OLSON	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 36 HONEY HILL ROAD	Transaction ID: PR2119485321101
	City State Zip Code ORINDA CA 94563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

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

FOR LINE NUMBER: PAGE 74 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City State Zip Code
NEENAH WI 54956

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119485421101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANNETTE K PARSONS

Mailing Address 21541 SAINT JOHN LN

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer: UnitedHealth Group, Inc. Occupation: IT Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119485621101
Amount of Each Receipt this Period: 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ARNOLD C PAULSON

Mailing Address 1010 SANDCASTLE DRIVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Healthcare Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2119485721101
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 88.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 110
(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

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)
LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City State Zip Code
HIGHLANDS RANCH CO 80126

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Service Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2119485821101

Amount of Each Receipt this Period: 50.00

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

B.

Full Name (Last, First, Middle Initial)
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2119486321101

Amount of Each Receipt this Period: 24.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code
DEPERE WI 54115

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2119486421101

Amount of Each Receipt this Period: 30.00

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

SUBTOTAL of Receipts This Page (optional) ► **104.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 110
(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)
AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3510.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR2119486721101

Amount of Each Receipt this Period 270.00

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

B.

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

Mailing Address 3401 E VIA PALOMITA

City Tucson State AZ Zip Code 85718

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR2119486821101

Amount of Each Receipt this Period 200.00

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

C.

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

Mailing Address 1122-C BUCKINGHAM DRIVE

City Costa Mesa State CA Zip Code 92626

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Quality Assurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2008

Transaction ID: PR2119487921101

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DEBBIE E ROGERS

Mailing Address 212 E LA DENEY DR

City State Zip Code
ONTARIO CA 91764

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

Name of Employer Occupation
UnitedHealth Group, Inc. Project Mgr Mktg & Bus Dvlpmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119488621101

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 6093 TRINIDAD AVE

City State Zip Code
CYPRESS CA 90630

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

Name of Employer Occupation
UnitedHealth Group, Inc. Acq KA New Bus. Coord.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119489321101

Amount of Each Receipt this Period
20.00

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

C. Full Name (Last, First, Middle Initial)
CAROLYN M SEABOLT

Mailing Address 4335 SHAVANO WOODS

City State Zip Code
SAN ANTONIO TX 78249

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Quality Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119489821101

Amount of Each Receipt this Period
32.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 72.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 78 / 110
	<input checked="" 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) MARTIN SING	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 9407 LLANO VERDE	Transaction ID: PR2119490121101
	City State Zip Code HELOTES TX 78023	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Customer Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) RONALD R STETTLER	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 6028 SCOTMIST DR	Transaction ID: PR2119490421101
	City State Zip Code RANCHO PALOS VERDE CA 90275	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Healthcare Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) MARILYNN D STYERS	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 6485 WAYFINDERS CT	Transaction ID: PR2119490721101
	City State Zip Code CARLSBAD CA 92009	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Medical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD		Date of Receipt
	Mailing Address 5598 NAPLES CANAL		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LONG BEACH	CA	90803
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Sr Medical Director	Transaction ID: PR2119491121101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1300.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARY R TEYLAN		Date of Receipt
	Mailing Address 11948 E 186TH ST		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ARTESIA	CA	90701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Mgr Accounting	Transaction ID: PR2119491421101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHERYL A THOMSON		Date of Receipt
	Mailing Address 222 FOREST DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SOBIESKI	WI	54171
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Director Legal Services	Transaction ID: PR2119491621101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 80 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
STEVEN M TUCKER

Mailing Address 11062 GOLD STAR LANE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119492021101

Amount of Each Receipt this Period
192.00

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119492621101

Amount of Each Receipt this Period
80.00

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

C. Full Name (Last, First, Middle Initial)
SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City State Zip Code
OCOONTO WI 54153

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119493221101

Amount of Each Receipt this Period
23.08

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

SUBTOTAL of Receipts This Page (optional) ► 295.08

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

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

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

FOR LINE NUMBER: PAGE 81 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LINDA D WHETSON
Mailing Address 17212 N SCOTTSDALE RD # 2258
City SCOTTSDALE State AZ Zip Code 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Business Risk Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119493521101
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LORI S WOLFE
Mailing Address 17119 GRANGER PATCH
City SAN ANTONIO State TX Zip Code 78247
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Mgr Claims
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119493721101
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GREGORY WRIGHT
Mailing Address 13901 MAUVE DRIVE
City SANTA ANA State CA Zip Code 92705
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Market Leadership
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2119494121101
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 82 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
TIM K K YEE

Mailing Address 11 REGENTS

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119494321101

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code
AURORA CO 80016

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director Medicare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119494421101

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code
PARKER CO 80138

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2119494521101

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 110
	<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) FORREST G BURKE		Date of Receipt
	Mailing Address 380 LEAF STREET		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ORONO	MN	55356
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2133132421101
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment Gen Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DANIEL M CUMMINGS		Date of Receipt
	Mailing Address 1929 FAIRMOUNT AVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SAINT PAUL	MN	55105-1539
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2133132621101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CINDY K DONOHOE		Date of Receipt
	Mailing Address 2109 MEETING STREET		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WAYZATA	MN	55391
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2133132721101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="999.96"/>	<input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="136.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 110
	<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) ELLEN M DUFFIELD	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 514 WARING ROAD	Transaction ID: PR2133132821101
	City State Zip Code ELKINS PARK PA 19027	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1404.00	

B.	Full Name (Last, First, Middle Initial) PATRICIA A FORD	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 21640 E BRIARWOOD DRIVE	Transaction ID: PR2133132921101
	City State Zip Code AURORA CO 80016	Amount of Each Receipt this Period 57.70
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.10	

C.	Full Name (Last, First, Middle Initial) KIMBERLY A GOLDEN	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 930 HALDEMAN RD	Transaction ID: PR2133133021101
	City State Zip Code SCHWENKSVILLE PA 19473	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Human Capital Partner (Mgr)	
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)	185.70
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 110

(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)
CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City State Zip Code
EXCELSIOR MN 55331

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1342.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133121101

Amount of Each Receipt this Period

103.24

P/R Deduction (\$51.62 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
BROR O HULTGREN

Mailing Address 408 22ND ST

City State Zip Code
GOLDEN CO 80401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133221101

Amount of Each Receipt this Period

76.92

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

C.

Full Name (Last, First, Middle Initial)
NANCY W LITTLEFIELD

Mailing Address 13520 PLEASANT COLONY DR

City State Zip Code
MANASSAS VA 20112

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Hospice

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133421101

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

220.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CAROLYN E MAGILL

Mailing Address 100 THIRD AVE S # 1608

City State Zip Code
MINNEAPOLIS MN 55401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Product Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133521101

Amount of Each Receipt this Period 38.46

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

B. Full Name (Last, First, Middle Initial)
ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133621101

Amount of Each Receipt this Period 70.00

P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer Occupation
UnitedHealth Group, Inc. COO Secure Horizons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2133133821101

Amount of Each Receipt this Period 300.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 408.46

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

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

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

FOR LINE NUMBER: PAGE 87 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KIM A NETTLETON
Mailing Address 5003 DARNELL
City HOUSTON State TX Zip Code 77096
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2133133921101
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
T JEFFREY PUTNAM
Mailing Address 303 ELMWOOD PLACE WEST
City MINNEAPOLIS State MN Zip Code 55419
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Finance
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2133134221101
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
HELENE S ROYBAL
Mailing Address 3304 COBBS DRIVE
City PALM HARBOR State FL Zip Code 34684
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1404.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2133134521101
Amount of Each Receipt this Period 108.00
P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 532.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 110
(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) DIANE M SCHIMMELBUSCH		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 2203 RIVER FALLS DRIVE		Transaction ID: PR2133134621101
City KINGWOOD	State TX	Zip Code 77339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) ANITA W SHIELDS		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 608 GLENVIEW DRIVE		Transaction ID: PR2133134721101
City HORSHAM	State PA	Zip Code 19044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director IT	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) AMIT TRIVEDI		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 21 BREEZES		Transaction ID: PR2133134821101
City IRVINE	State CA	Zip Code 92620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc.	Occupation VP Underwriting	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 110
	<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) CYNTHIA A BARNOWSKI	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 2380 LAKE LUCY ROAD	Transaction ID: PR2145728121101
	City State Zip Code CHANHASSEN MN 55317	Amount of Each Receipt this Period 57.70
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.85 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.10	

B.	Full Name (Last, First, Middle Initial) DANIEL M COLE	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 320 SATTERWHITE DRIVE	Transaction ID: PR2145728321101
	City State Zip Code JOHNS CREEK GA 30022	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Compensation - Bus Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 6069 WEATHERED OAK CT	Transaction ID: PR2145728421101
	City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO 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)	154.62
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 110
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
ROB FARAHANI

Mailing Address PO BOX 704

City State Zip Code
HUNTINGTON NY 11743

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2145728521101

Amount of Each Receipt this Period
76.92

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

B.

Full Name (Last, First, Middle Initial)
JULIE JOHNSTON

Mailing Address 2606 80TH AVE NE

City State Zip Code
MEDINA WA 98039

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2145728721101

Amount of Each Receipt this Period
76.92

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

C.

Full Name (Last, First, Middle Initial)
CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City State Zip Code
STAFFORD TX 77477-2268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2145728821101

Amount of Each Receipt this Period
57.70

P/R Deduction (\$28.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **211.54**

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

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

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

FOR LINE NUMBER: PAGE 91 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
NANCY E LINDIMORE
Mailing Address 8256 SNEAD WAY
City WESTERVILLE State OH Zip Code 43082
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation KA Director Acct Mgmt
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2145728921101
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
WILLIAM Y MICKLE
Mailing Address 8 DURANGO COURT
City ALISO VIEJO State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2145729121101
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WAYNE MILLER
Mailing Address 19521 SIERRA SOTO RD
City IRVINE State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Client Mgmt & Svc
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2145729221101
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 148.46
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 110
	<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) LEAH C RUMMEL		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 12100 TRAUTWEIN ROAD		Transaction ID: PR2145729521101
	City AUSTIN	State TX	Zip Code 78737
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Business Development	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

B.	Full Name (Last, First, Middle Initial) MICHAEL P SCHWARZ		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 13935 WOODRIDGE PATH		Transaction ID: PR2145729721101
	City SAVAGE	State MN	Zip Code 55378
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director IT	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

C.	Full Name (Last, First, Middle Initial) DANNETTE L SMITH		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 5414 BYSCANE LANE		Transaction ID: PR2145729921101
	City MINNETONKA	State MN	Zip Code 55345
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Deputy General Counsel	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2999.88		

SUBTOTAL of Receipts This Page (optional)	▶	330.76
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 93 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RANDALL SMITH
 Mailing Address 20607 BROADWATER DRIVE
 City State Zip Code
 LAND O'LAKES FL 34638-8328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Executive Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.04
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2145730021101
 Amount of Each Receipt this Period
 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARGARET W WEAR
 Mailing Address 44 TOPANGA
 City State Zip Code
 IRVINE CA 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Director Actuary - Pricing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2145730221101
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KURT C LEWIS
 Mailing Address 961 RIVER FOREST DRIVE
 City State Zip Code
 MAINEVILLE OH 45039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. KA VP Sales and Account Mgmt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.04
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: PR2203967521101
 Amount of Each Receipt this Period
 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 146.16
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 94 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City State Zip Code
NEW HOPE MN 55427

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2225166721101
Amount of Each Receipt this Period: 230.76
P/R Deduction (\$115.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code
FARMINGTON CT 06032

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2225813621101
Amount of Each Receipt this Period: 115.40
P/R Deduction (\$57.70 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City State Zip Code
OXFORD CT 06478

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Healthcare Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2225817521101
Amount of Each Receipt this Period: 38.46
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **384.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 110
(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)
NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer: UnitedHealth Group, Inc. Occupation: IT Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2225818421101

Amount of Each Receipt this Period: 27.00

P/R Deduction (\$13.50 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
CHARLES W MARTEL

Mailing Address 676 LAKE SUSAN HILLS DRIVE

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2225818621101

Amount of Each Receipt this Period: 20.00

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

C.

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

Mailing Address 437 DRURY LANE

City State Zip Code
WYCKOFF NJ 07481

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt: 12 / 31 / 2008

Transaction ID: PR2225818821101

Amount of Each Receipt this Period: 115.40

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

SUBTOTAL of Receipts This Page (optional) ► 162.40

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 110

(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)
ERIC S RANGEN

Mailing Address 1376 MICHELLE DRIVE

City State Zip Code
EAGAN MN 55123

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2225819321101

Amount of Each Receipt this Period

384.60

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

B.

Full Name (Last, First, Middle Initial)
JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City State Zip Code
NAPERVILLE IL 60540

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Client Mgmt & Svc

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2225819621101

Amount of Each Receipt this Period

76.92

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

C.

Full Name (Last, First, Middle Initial)
ROY T SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code
COLORADO SPRINGS CO 80921

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Product Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1999.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2225819721101

Amount of Each Receipt this Period

153.84

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

SUBTOTAL of Receipts This Page (optional)

615.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 110
(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)
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Care Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2231347221101

Amount of Each Receipt this Period
60.00

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

B.

Full Name (Last, First, Middle Initial)
JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code
SIMPSONVILLE SC 29681

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

Name of Employer Occupation
UnitedHealth Group, Inc. Public Policy Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2231347421101

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code
ZIONSVILLE IN 46077

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP UHO Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2231349721101

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 110
(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)
DEE A GREENMAN

Mailing Address 536 HIGH DR

City State Zip Code
CARMEL IN 46033

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director New Bus Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231350221101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHAEL HAMPTON

Mailing Address 1387 RED DUNES RUN

City State Zip Code
AVON IN 46123

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231350521101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KASIA HANNA

Mailing Address 1419 HORNADAY RD

City State Zip Code
BROWNSBURG IN 46112

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr IT Project Cnsltnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231350621101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 110
	<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) MARGARET C HAYS		Date of Receipt
	Mailing Address 507 WOODLAND W DRIVE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	GREENFIELD	IN	46140
	FEC ID number of contributing federal political committee.		Transaction ID: PR2231350721101
Name of Employer UnitedHealth Group, Inc.		Occupation Director Claims Bus Process	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT ANTHONY JOY		Date of Receipt
	Mailing Address 5912 CRYSTAL WATER DR		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46237
	FEC ID number of contributing federal political committee.		Transaction ID: PR2231350921101
Name of Employer UnitedHealth Group, Inc.		Occupation Mgr Acct Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KIP J METHENY		Date of Receipt
	Mailing Address 808 JEFFERSON		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAWRENCEVILLE	IL	62439
	FEC ID number of contributing federal political committee.		Transaction ID: PR2231351421101
Name of Employer UnitedHealth Group, Inc.		Occupation Spvsr Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAMELA ANN MOORE

Mailing Address RR 1 BOX 282A

City BRIDGEPORT State IL Zip Code 62417

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Facilities

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.40

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231351721101
Amount of Each Receipt this Period: 19.80
P/R Deduction (\$9.90 Bi-Weekly)

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

Mailing Address 8131 LAKE POINT WAY

City INDIANAPOLIS State IN Zip Code 46256

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Administrative Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231351921101
Amount of Each Receipt this Period: 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANDREW L PEARSON

Mailing Address 7371 OAKLAND HILLS CIR

City INDIANAPOLIS State IN Zip Code 46236

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231352021101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 79.80

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

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

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

FOR LINE NUMBER: PAGE 101 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JILL PHELPS

Mailing Address 95 KENSINGTON CT

City State Zip Code
PITTSBORO IN 46167

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

Name of Employer UnitedHealth Group, Inc. Occupation Sr IT Business Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231352121101
Amount of Each Receipt this Period: 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City State Zip Code
INDIANAPOLIS IN 46256-2136

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

Name of Employer UnitedHealth Group, Inc. Occupation Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231352321101
Amount of Each Receipt this Period: 160.00
P/R Deduction (\$80.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JANET SUE SELF

Mailing Address 3202 BABSON CT

City State Zip Code
INDIANAPOLIS IN 46268

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2231352421101
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
AMANDA JANE SNIVELY
Mailing Address 704 EAST MAIN STREET
City CARMEL State IN Zip Code 46032
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Acct Manager External - URN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2231352521101
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MICHAEL R CONNLY
Mailing Address 570 MONTCALM PL
City SAINT PAUL State MN Zip Code 55116
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Information Systems
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2247625821101
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANDREA M GREENE
Mailing Address 2720 FLORIDA AVE S
City SAINT LOUIS PARK State MN Zip Code 55426-3330
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 31 / 2008
Transaction ID: PR2247626021101
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 130.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 110
(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)
CYNTHIA L IACARELLA

Mailing Address 2061 THORNDALE AVENUE

City State Zip Code
NEW BRIGHTON MN 55112

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Human Capital Partner (Mgr)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2247626121101
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City State Zip Code
NISKAYUNA NY 12309

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2247626221101
 Amount of Each Receipt this Period: 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SHANKAR RAO

Mailing Address 10622 EQUESTRIAN DR

City State Zip Code
COWAN HEIGHTS CA 92705

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.86

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2247626321101
 Amount of Each Receipt this Period: 19.22
 P/R Deduction (\$9.61 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional) ► 87.68

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

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

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

FOR LINE NUMBER: PAGE 104 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOYCE M RUDDOCK

Mailing Address 4 SPLIT ROCK ROAD

City State Zip Code
NEWTOWN CT 06470

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247626421101

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code
WHITE PLAINS NY 10605

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247626821101

Amount of Each Receipt this Period
115.40

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

C. Full Name (Last, First, Middle Initial)
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code
MINNETRISTA MN 55364

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT Project Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627021101

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **265.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 110
(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)
ANGELA R LAWHORN

Mailing Address 225 HARDWICKE LANE

City State Zip Code
LITTLE ELM TX 75068-5231

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 699.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627121101

Amount of Each Receipt this Period
53.84

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

B.

Full Name (Last, First, Middle Initial)
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code
COS COB CT 06807

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627321101

Amount of Each Receipt this Period
115.40

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

C.

Full Name (Last, First, Middle Initial)
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO United Retiree Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627421101

Amount of Each Receipt this Period
115.40

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

SUBTOTAL of Receipts This Page (optional) ► 284.64

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 110
(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)
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code
PLYMOUTH MN 55447

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Information Systems

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627621101

Amount of Each Receipt this Period
115.40

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

B.

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

Mailing Address 282 MIDDAUGH

City State Zip Code
CLARENDON HILLS IL 60514

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627821101

Amount of Each Receipt this Period
76.92

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

C.

Full Name (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO Ovations Pharmacy Sltns

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247627921101

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 110
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097

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

Name of Employer UnitedHealth Group, Inc. Occupation Region CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.92

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2247628021101

Amount of Each Receipt this Period 53.84

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

B.

Full Name (Last, First, Middle Initial)
JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391

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 ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2259738421101

Amount of Each Receipt this Period 80.00

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

C.

Full Name (Last, First, Middle Initial)
DAWN M KOEHLER

Mailing Address 5500 NICHOLSON RD

City State Zip Code
FOWLERVILLE MI 48836

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: PR2270335121101

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► **173.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 110
(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)
CHRISTOPHER CRONN

Mailing Address 1326 BAYTHORNE DR

City State Zip Code
LEWISVILLE TX 75077

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 ▼ 653.82

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2270522921101
Amount of Each Receipt this Period: 76.92
P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
WILLIAM F MYERS

Mailing Address 2702 SOUTH FILLMORE STREET

City State Zip Code
DENVER CO 80210

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 ▼ 440.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2359784121101
Amount of Each Receipt this Period: 80.00
P/R Deduction (\$40.00 Bi-Weekly)

C.

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

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55403

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 ▼ 1538.40

Date of Receipt: 12 / 31 / 2008
Transaction ID: PR2364863221101
Amount of Each Receipt this Period: 384.60
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	541.52
TOTAL This Period (last page this line number only)	25453.10

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)

<p>A. Full Name (Last, First, Middle Initial) Jim Donelon Campaign Fund</p> <p>Mailing Address P.O. Box 6993</p> <p>City Metairie State LA Zip Code 70009</p> <p>Purpose of Disbursement Commissioner of Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28941519 Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Commissioner of Insurance</p>
<p>B. Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement State PAC Funding</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29035832 Date of Disbursement 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>State PAC Funding</p>
<p>C. Full Name (Last, First, Middle Initial) Wallace Scarborough for the House</p> <p>Mailing Address P.O. Box 20010</p> <p>City Charleston State SC Zip Code 29413</p> <p>Purpose of Disbursement Void - Wallace Scarborough for the House</p> <p>Candidate Name Representa Wallace Scarborough</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29217003 Date of Disbursement 12 / 05 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Wallace Scarborough for the House</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00

**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)

PAGE 110 / 110

<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.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Transaction ID: 29035817

Date of Disbursement

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

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Arlen Specter

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00
