

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS  
REPORTNEW  
(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  
Year-End 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 (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Rangen, Eric, , ,

Signature of Treasurer

Rangen, Eric, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2008 To: M M / D D / Y Y Y Y Y 03 / 31 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2008		243715.76
(b) Cash on Hand at Beginning of Reporting Period.....	243715.76	
(c) Total Receipts (from Line 19) .....	132089.83	132089.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	375805.59	375805.59
7. Total Disbursements (from Line 31) .....	105000.00	105000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	270805.59	270805.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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		
(i) Itemized (use Schedule A).....	94097.88	94097.88
(ii) Unitemized .....	29919.75	29919.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	124017.63	124017.63
(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) .....	124017.63	124017.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8072.20	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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	132089.83	132089.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	132089.83	132089.83

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	93000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	12000.00	12000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(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)) ..	105000.00	105000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105000.00	105000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	124017.63	124017.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	124017.63	124017.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOVERMAN, KEN L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159790919057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHEEHY, ROBERT J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159794019057**

Amount of Each Receipt this Period

1330.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOEHLER, MICHAEL J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159795319057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

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

1820.00

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

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

FOR LINE NUMBER: PAGE 7 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WHITELY, WILLIAM P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159812619057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COOK, WAYNE F, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** United HealthGroup

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159812819057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINDQUIST, THOMAS H, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1076.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159814119057**

Amount of Each Receipt this Period

1076.88

☐ Memo Item

15

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

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

2692.20

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

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

FOR LINE NUMBER: PAGE 8 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WICHMANN, DAVID S, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159814719057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ERLANDSON, PATRICK J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159815919057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAURO, PATRICIA R, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** United HealthGroup, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159816419057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

3392.20

**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 9 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MUNSELL, WILLIAM A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159816619057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PENSHORN, JOHN S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159816919057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KALLMEYER, PAUL D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** United HealthGroup

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159817419057**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

1645.00

**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 10 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCMILLAN, SHEILA E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159817519057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MACH JR, JOHN R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159817619057**

Amount of Each Receipt this Period

1169.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINDSAY, MARK F, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159818619057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

3861.20

**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 11 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. QUIRK, THOMAS J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159819119057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KNAPP, AMY K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159819319057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOELLER, WILLIAM E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159819519057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

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

1615.32

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TUCKSON, REED V, , M.D.**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159819819057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YOUNG, WILLIAM D, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.15

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159821319057**

Amount of Each Receipt this Period

269.15

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TRACY, WILLIAM C, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159821519057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

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

1480.71

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHNEEWEIS, CAROL M, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159823519057

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEMEINHARDT, ELISE A, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159824919057

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIGLIORI, RICHARD J, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159827419057

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

SUBTOTAL of Receipts This Page (optional)..... ►

1286.88

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 14 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RIVET, JEANNINE M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159830019057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINTERS, JILL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159840419057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SEGAN, RICHARD, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1159841219057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

2102.10

**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 15 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WELTERS, ANTHONY, , Mr.,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1332013219057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRCHNER, JOHN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1530190519057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROBINSON, LESLIE GIDDENS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1530798319057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

2422.98

**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 16 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHASKES, DEBORAH MATES, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1530798519057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DUGGIN, THELMA, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.01

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1530799219057**

Amount of Each Receipt this Period

1346.01

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ASTAR, DAVID R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551005119057**

Amount of Each Receipt this Period

769.20

☐ Memo Item

15

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

2815.21

**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 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOHNENKAMP, ROBERT J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551005619057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HEADY, TIMOTHY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551122519057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JARRATT, JAMES THOMAS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551132119057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1895.32

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

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

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

FOR LINE NUMBER: PAGE 18 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KNUTSON, JERRY J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551132519057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VALERIUS, THOMAS J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551161319057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEIHRAUCH, LOIS T, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1551161419057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

1185.66

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ENDERLE, JOHN O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1554323519057**

Amount of Each Receipt this Period

385.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JELINEK, RICK M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1554323919057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STAPLETON, KIRK E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1554324719057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

2081.10

**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 20 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FASOLA, KENNETH J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1557899819057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ERICKSON, KAREN L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1575957619057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MONFILETTO, ERNEST, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1575958119057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

3230.64

**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 21 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VALENTA, LEE D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1575958519057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PAUL, THOMAS S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1580864719057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEBB, ROB, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1580865319057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

2961.42

**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 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEISSENBORN, JOSEPH O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1580865419057**

Amount of Each Receipt this Period

595.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GULSTRAND, PAUL H, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596304019057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MASSEY, GAYE ADAMS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596304519057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

2748.76

**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 23 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCDONNELL, MICHAEL JOHN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596304719057**

Amount of Each Receipt this Period

1078.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MIKAN III, GEORGE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596304819057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MORNESS, CAROL B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596304919057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

2693.32

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

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

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

FOR LINE NUMBER: PAGE 24 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEWIS, THOMAS D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596306919057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OBERRENDER, ROBERT W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596307019057**

Amount of Each Receipt this Period

203.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BEHNKE, LISA M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596309819057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

1172.22

**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 25 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GILES, RANDY P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596313219057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAWLEY, EDWARD J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596313619057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KARTSONIS, NANETTE R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596314619057**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

783.44

**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 26 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAGERSTROM, EDWARD, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596315019057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUKAS, JEANNE E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596315319057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RODGERS, STEPHAN S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596317119057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

1884.54

**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 27 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RUTH, KEVIN J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1596317419057**

Amount of Each Receipt this Period

525.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EDWARDS, MARGUERITE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1600597419057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SANDY, LEWIS G, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1600598719057**

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

1249.22

**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 28 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PETERSON, MATTHEW W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1602669919057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MALONEY, JEFF W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1613243519057**

Amount of Each Receipt this Period

673.05

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FINKELSTEIN, ALLEN LAWRENCE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1620989019057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1222.27

**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 OF 72  
 (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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WALLER, DANIEL S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1632360019057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOOREN, STEVE R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1653443219057**

Amount of Each Receipt this Period

403.83

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BELLAMY, THOMAS J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1653444319057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

1211.63

**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 30 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LARKIN, JOYCE A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1677771619057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SNOWDEN, MILES S, , Mr.,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1746717819057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOUTSOUMPAS JR, JOHN T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1748514519057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

3230.64

**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 31 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BAYER, GREGORY A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1806750219057**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EMERSON, PAUL M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1806750319057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BODE, HOLLY A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1817581119057**

Amount of Each Receipt this Period

269.50

☐ Memo Item

15

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

958.72

**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 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PINOTTI, SHERRI C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1832039819057**

Amount of Each Receipt this Period

201.95

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERGERON, CHRISTIAN S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1832301919057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEDELL, MICHELLE D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1882850619057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

885.85

**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 33 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANDERSON, CATHERINE K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1903550719057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EDBERG, SUSAN B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR1903578119057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACONIS, MARY C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119466419057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

1313.90

**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 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ADDIEGO, JOSEPH E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119466619057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AHWAH, GARY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119466719057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BERKEL, SUSAN LYNN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119468119057**

Amount of Each Receipt this Period

1344.00

☐ Memo Item

15

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

2366.00

**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 35 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARTER, LESLIE J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119470319057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COATS, HAROLD, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119471019057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CORREIA, RANDELL J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119471319057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

1232.00

**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 36 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DILWEG, ANDREA E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119472919057**

Amount of Each Receipt this Period

259.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLUITT, BRADLEY M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119474119057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GIAMBRONE, ANGELO, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119475119057**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

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

889.00

**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 37 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GUINN, JOE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119476219057**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HANSEN, DAVID M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119476719057**

Amount of Each Receipt this Period

945.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HO, SAMUEL W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119477919057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

2065.00

**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 38 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JONES, JOHN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119479219057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KANNE, KATHLEEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119479619057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MALLORY, MICHAEL S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119482619057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

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

1554.00

**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 39 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCKINLEY, PETER W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119483719057**

Amount of Each Receipt this Period

525.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILBURN, CHARLEEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119483919057**

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MONK, NANCY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119484319057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

1330.00

**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 40 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NEURURER, SCOTT A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119484919057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PAQUE, PAMELA J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119485519057**

Amount of Each Receipt this Period

224.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PITTMAN, AUSTIN T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119486719057**

Amount of Each Receipt this Period

945.00

☐ Memo Item

15

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

1547.00

**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 41 OF 72  
 (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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. POLICH, CYNTHIA L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119486819057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TANIGAWA, CHERYL, , , MD**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119491119057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TUCKER, PATTI, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119491919057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

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

1722.00

**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 42 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TUCKER, STEVEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119492019057**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VANASTEN, SUSAN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2119492619057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DONOHOE, CYNTHIA K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133132719057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1221.22

**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 43 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DUFFIELD, ELLEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133132819057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FORD, PATRICIA A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133132919057**

Amount of Each Receipt this Period

201.95

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HANSON, CHARLES W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

361.34

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133133119057**

Amount of Each Receipt this Period

361.34

☐ Memo Item

15

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

941.29

**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 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HULTGREN, BROR O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133133219057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LITTLEFIELD, NANCY W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133133419057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, ALLEN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133133619057**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

794.22

**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 45 OF 72  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MORISATO, SUSAN C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133133819057**

Amount of Each Receipt this Period

1050.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PUTNAM, T JEFFREY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133134219057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROYBAL, HELENE S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2133134519057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

2774.10

**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 46 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BARNOWSKI, CYNTHIA A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728119057**

Amount of Each Receipt this Period

201.95

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BJORNSON, MARK F, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728219057**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FALKENBERG, ROBERT C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728419057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

849.17

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FARAHANI, ROB, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728519057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JOHNSTON, JULIE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728719057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIDD, CARL T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145728819057**

Amount of Each Receipt this Period

201.95

☐ Memo Item

15

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

740.39

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, WAYNE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145729219057**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PFOTENHAUER, ROBERT P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145729419057**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHWARZ, MICHAEL P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145729719057**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

1190.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, DANNETTE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145729919057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEAR, MARGARET W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2145730219057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BACHER, GARY E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2162866819057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

1507.66

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FRIES, SCOTT J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2162867119057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KAPPAS-LARSON, PATRICIA A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2162867219057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GIBSON, CHRISTINE W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225166719057**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

1696.10

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BEAULE, JEAN-FRANCOIS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225813619057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCGUIRE, MICHAEL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225818819057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RANGEN, ERIC S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225819319057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

2153.90

**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 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RYAN, JOHN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225819619057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SAILOR, ROY T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225819719057**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEILER, A R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2225820619057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

1087.66

**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 OF 72  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DIPALMO, KAREN A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2231347219057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DROZDA, JEFFERY A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2231347419057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICHEY, DARRELL S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2231352319057**

Amount of Each Receipt this Period

560.00

☐ Memo Item

15

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

1120.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CONNLY, MICHAEL R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247625819057**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RUDDOCK, JOYCE M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247626419057**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARCIONE JR, JOSEPH R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247626819057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

1033.90

**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 55 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GINTZIG, DONALD R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247626919057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEYER, TIMOTHY B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627219057**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'BRIEN, DENNIS P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627319057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

1017.80

**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 56 OF 72  
(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VERNEY, JEFFERY RICHARD, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627419057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BROOKS, DARRELL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627619057**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GARODIA, SANJAY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627819057**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1077.02

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 72

☒ 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOSECOFF, JACQUELINE B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2247627919057**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CONLIN, PAUL C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

**Transaction ID : PR2259635119057**

Amount of Each Receipt this Period

4999.90

☐ Memo Item

15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

6346.00

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

94097.88

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

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

FOR LINE NUMBER: PAGE 58 OF 72

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Golden Rule Financial Corporation - Political Action Committee**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

C00231407

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8072.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2008

Transaction ID : 27648285

Amount of Each Receipt this Period

8072.20

☐ Memo Item

18U

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

8072.20

8072.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. John D. Dingel for Congress Committee**

Mailing Address 9216 Pelham, Suite 101

City  
TaylorState  
MIZip Code  
48180

Purpose of Disbursement

Re-election to Congress

Candidate Name

, Dingell, John D., ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : 27118195**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SNOW PAC**

Mailing Address 175 South West Temple suite 650

City  
Salt Lake CityState  
UTZip Code  
84101

Purpose of Disbursement

Sen Bennett Ledership PAC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

**C** C00392621**Transaction ID : 27118205**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dick Durbin Committee**

Mailing Address 101 West Grand Ave #200

City  
ChicagoState  
ILZip Code  
60610

Purpose of Disbursement

Re-elect to US Senate

Candidate Name

, Durbin, Richard, , Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: IL

Date of Disbursement

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

FEC Identification Number

**C** C00148999**Transaction ID : 27156761**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

# **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 60 OF 72

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Alexander For Senate 2008 Inc**

Mailing Address 228 S Washington Street Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

Re-election to US Senate

Candidate Name

, Alexander, Lamar, , Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: TN

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2008

FEC Identification Number

**C** C00383745

**Transaction ID : 27201291**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 430 S Capitol

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Leadership Committee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2008

FEC Identification Number

**C**

**Transaction ID : 27218872**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Blue Dog PAC**

Mailing Address 227 Massachusetts Ave  
Suite 101

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2008

FEC Identification Number

**C** C00305318

**Transaction ID : 27236416**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

21500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens For Cochran**

Mailing Address P O Box 22761

City  
JacksonState  
MSZip Code  
39225

Purpose of Disbursement

011

Category/  
Type

Candidate Name

, Cochran, Thad, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: MS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	0	8		

FEC Identification Number

C C00091892

**Transaction ID : 27236417**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P. O. Box 17813

City  
RichmondState  
VAZip Code  
23226

Purpose of Disbursement

Re-election to Congress

011

Category/  
Type

Candidate Name

, Cantor, Eric, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: VA

Date of Disbursement

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

FEC Identification Number

C C00355461

**Transaction ID : 27254438**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress**

Mailing Address P.O. Box 423

City  
MidlandState  
MIZip Code  
48640

Purpose of Disbursement

Re-elect to Congress

011

Category/  
Type

Candidate Name

, Camp, David, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

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

FEC Identification Number

C C00347476

**Transaction ID : 27255200**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**

Mailing Address P.O. Box 423

City  
MidlandState  
MIZip Code  
48640

Purpose of Disbursement

Re-elect to Congress

Candidate Name

, Camp, David, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

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

FEC Identification Number

**C** C00347476**Transaction ID : 27255618**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street, SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

National Political Campaign Committee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	5		2	0	0	8		

FEC Identification Number

**C****Transaction ID : 27348904**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Larson for Congress**Mailing Address 6282 Occoquan Forest Dr  
c/o Lori LaFaveCity  
ManassasState  
VAZip Code  
20112

Purpose of Disbursement

Void - Larson for Congress

Candidate Name

, Larson, John B., ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: CT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	5		2	0	0	8		

FEC Identification Number

**C****Transaction ID : 27648306**

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2008

Mailing Address 425 Second Street NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : 27348903**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Reynolds For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2008

Mailing Address PO Box 15388  
PittsfordCity  
RochesterState  
NYZip Code  
14615

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

Category/  
Type

, Reynolds, Thomas, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: NY

FEC Identification Number

C C00336065

**Transaction ID : 27348901**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Reynolds For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2008

Mailing Address PO Box 15388  
PittsfordCity  
RochesterState  
NYZip Code  
14615

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

Category/  
Type

, Reynolds, Thomas, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: NY

FEC Identification Number

C C00336065

**Transaction ID : 27348902**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 72

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Wyden for Senate**

Mailing Address P. O. Box 3498

City  
Portland

State  
OR

Zip Code  
97208

Purpose of Disbursement

Re-elect to Senate

011

Candidate Name

, Wyden, Ron, ,

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: OR

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2008

FEC Identification Number

C

**Transaction ID : 27348908**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Clarke For Congress**

Mailing Address PO Box 250200

City  
Brooklyn

State  
NY

Zip Code  
11225

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

, Clarke, Yvette, , Rep.

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: NY

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2008

FEC Identification Number

C C00415331

**Transaction ID : 27348906**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Enzi for Senate**

Mailing Address P.O. Box 2775

City  
Cody

State  
WY

Zip Code  
82414

Purpose of Disbursement

Re-election to US Senate

011

Candidate Name

, Enzi, Michael B., ,

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: S

District: WY

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2008

FEC Identification Number

C

**Transaction ID : 27388331**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 72

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Earl Pomeroy for Congress**

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013-5214

Purpose of Disbursement

Re-elect to US Congress

Candidate Name

, Pomeroy, Earl, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: ND

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2008

FEC Identification Number

C

**Transaction ID : 27388333**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rogers For Congress**

Mailing Address Post Office Box 581

City  
Brighton

State  
MI

Zip Code  
48116

Purpose of Disbursement

Re-elect to US Congress

Candidate Name

, Rogers, Michael, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2008

FEC Identification Number

C C00343863

**Transaction ID : 27388332**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Kerry For Senate**

Mailing Address 10 G Street Ne  
Suite 710

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Re-election to US Senate

Candidate Name

, Kerry, John, , Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: MA

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2008

FEC Identification Number

C C00408088

**Transaction ID : 27388336**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

3000.00

# **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 66 OF 72

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Texans For Senator John Cornyn Inc**

Mailing Address 6850 Austin Centre Blvd  
Suite 180

City  
Austin

State  
TX

Zip Code  
78731

Purpose of Disbursement

Re-elect to US Senate

011

Candidate Name

, Cornyn, John, , Sen.

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: S

District: TX

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2008

FEC Identification Number

C C00369033

**Transaction ID : 27388364**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Committee To Re-Elect Artur Davis To Congress**

Mailing Address Post Office Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement

Re-Elect to Congress

011

Candidate Name

, Davis, Artur, , Rep.

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: AL

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2008

FEC Identification Number

C C00347872

**Transaction ID : 27396267**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAC to the Future**

Mailing Address PMB 3230  
268 Bush Street

City  
San Francisco

State  
CA

Zip Code  
94101

Purpose of Disbursement

Speaker Pelosi

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2008

FEC Identification Number

C C00344234

**Transaction ID : 27452919**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tim Burns For Congress**

Mailing Address 3500 North Causeway Blvd Suite 820

City  
MetairieState  
LAZip Code  
70002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

, Burns, Timothy, , Mr.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: LA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2008

FEC Identification Number

C C00440818

**Transaction ID : 27496664**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Udall For Congress**

Mailing Address 777 29th Street Suite 100

City  
BoulderState  
COZip Code  
80303

Purpose of Disbursement

Re-elect to US Senate

011

Category/  
Type

Candidate Name

, Udall, Mark, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: CO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2008

FEC Identification Number

C

**Transaction ID : 27570887**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

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

93000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Keystone Leaders PAC**

Mailing Address P.O. Box 506

City  
HarrisburgState  
PAZip Code  
17108

Purpose of Disbursement

Representative Sam Smith - 66

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 27118198**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Armstrong for Senate Committee**

Mailing Address 129 Augusta Drive

City  
AnnvilleState  
PAZip Code  
17003

Purpose of Disbursement

Void - Armstrong for Senate Committee

Candidate Name

, Armstrong, Gibson, , Senator

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify)

State: S

District: PA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5			2	0	0	8		

FEC Identification Number

C

**Transaction ID : 27648304**

Amount of Each Disbursement this Period

- 500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Montana Democratic Party**

Mailing Address PO Box 802

City  
HelenaState  
MTZip Code  
59624

Purpose of Disbursement

Brian Schweitzer

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5			2	0	0	8		

FEC Identification Number

C

**Transaction ID : 27350557**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. John Davis Campaign**

Mailing Address 14807 Tumbling Falls

City  
HoustonState  
TXZip Code  
77062

Purpose of Disbursement

John Davis, STATE HOUSE 129 TX

Candidate Name

, Davis, John, , Representa

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

011

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6		2	0	0	8		

FEC Identification Number

C

**Transaction ID : 27358767**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Tommy Williams Campaign**

Mailing Address P.O. Box 8069

City  
The WoodlandsState  
TXZip Code  
77387

Purpose of Disbursement

Tommy Williams, STATE SENATE 4th TX

Candidate Name

, Williams, Tommy, , TX Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: TX

011

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6		2	0	0	8		

FEC Identification Number

C

**Transaction ID : 27358007**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Charlie Howard Campaign**

Mailing Address 9300 US Highway 90A

City  
Sugar LandState  
TXZip Code  
77478

Purpose of Disbursement

Charles Howard, STATE HOUSE 26 TX

Candidate Name

, Howard, Charles, , Representa

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

011

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6		2	0	0	8		

FEC Identification Number

C

**Transaction ID : 27358037**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Dawwna Dukes Campaign**

Mailing Address P.O. Box 2910

City  
AustinState  
TXZip Code  
78768

Purpose of Disbursement

Dawwna Dukes, STATE HOUSE 46 TX

Candidate Name

, Dukes, Dawwna, , Representa

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : 27358033**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rene Oliveira Campaign**Mailing Address 855 West Price Road  
Suite 9City  
BrownsvilleState  
TXZip Code  
78520

Purpose of Disbursement

Rene Oliveira, STATE HOUSE 37 TX

Candidate Name

, Oliveira, Rene, , Representa

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : 27358290**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aaron Pena Campaign**

Mailing Address 1108 South Closner Blvd.

City  
EdinburgState  
TXZip Code  
78539

Purpose of Disbursement

Aaron Pena, STATE HOUSE 40 TX

Candidate Name

, Pena, Aaron, , TX Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2					2					2	0	0

FEC Identification Number

**C****Transaction ID : 27358761**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Carol Alvarado Campaign**

Mailing Address P.O. Box 1562

City  
HoustonState  
TXZip Code  
77251

Purpose of Disbursement

Carol Alvarado, STATE HOUSE 145 TX

Candidate Name

, Alvarado, Carol, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6		2	0	0	8		

FEC Identification Number

**C****Transaction ID : 27358774**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bishop Majority Fund**Mailing Address State Capitol  
PO Box 30038City  
LansingState  
MIZip Code  
48909-7536

Purpose of Disbursement

Michael Bishop, STATE SENATE 12th MI

Candidate Name

, Bishop, Michael, , MI Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: MI

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : 27570898**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Senator Don White**

Mailing Address PO Box 363

City  
IndianaState  
PAZip Code  
15701

Purpose of Disbursement

Donald White, STATE SENATE 41 PA

Candidate Name

, White, Donald, , Senator

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S

District: PA

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : 27570905**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 72

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Senate Republican Campaign Committee**

Mailing Address P.O. Box 12023

City  
LansingState  
MIZip Code  
48901

Purpose of Disbursement

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : 27570926**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

500.00

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

12000.00