

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="184057.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="166479.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="102999.55"/>	<input type="text" value="269121.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="269478.99"/>	<input type="text" value="453178.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="81800.00"/>	<input type="text" value="265500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="187678.99"/>	<input type="text" value="187678.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

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).....	37362.60	163988.48
(ii) Unitemized	8851.90	43347.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46214.50	207336.08
(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)	46214.50	207336.08
12. Transfers From Affiliated/Other Party Committees.....	54285.05	54285.05
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	102999.55	269121.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	102999.55	269121.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	79500.00	263500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1300.00	1300.00
(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)).....	1300.00	1300.00
29. Other Disbursements	1000.00	700.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	81800.00	265500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81800.00	265500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	46214.50	207336.08
34. Total Contribution Refunds (from Line 28(d))	1300.00	1300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44914.50	206036.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. ALMERINDA KOLODZIEJ
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 S LOMBARD AVENUE
 City OAK PARK State IL Zip Code 60302-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 30 / 2012
Transaction ID : 34806028
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$1300.00 This changes the YTD Total to \$0.00

B. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City LINCOLN State NE Zip Code 68510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159806027747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. WAYNE F COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 PEBBLE HILL ROAD
 City DOYLESTOWN State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159812827747
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 7 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439

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

Name of Employer United HealthCare Services Inc Occupation EVP & Pres UHG Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159814727747

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159815927747

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 8943 HIDDEN MEADOW R

City WOODBURY State MN Zip Code 55125

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159816427747

Amount of Each Receipt this Period 120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.20

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: (check only one)	PAGE 8 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. WILLIAM A MUNSELL		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1159816627747
Mailing Address 2119 WINDSONG CIRCLE		Amount of Each Receipt this Period 200.00
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHealth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN S PENSHORN		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1159816927747
Mailing Address 120 BLACK OAKS LANE		Amount of Each Receipt this Period 384.60
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHealth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAUL D KALLMEYER		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR1159817427747
Mailing Address 468 HERALD DR		Amount of Each Receipt this Period 100.00
City AMBLER	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Deputy General Counsel (Mgr)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	684.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159819127747
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. REED V TUCKSON M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 ZENITH AVE SOUTH
 City MINNEAPOLIS State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Consumr Health & Med Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159819827747
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

C. WILLIAM C TRACY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13016 CANTERBURY
 City LEAWOOD State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159821527747
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	446.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD J MIGLIORI		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address PO BOX 72		Transaction ID : PR1159827427747
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiatives & Clin Aff	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. JEANNINE M RIVET		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 4305 TRILLIUM WAY		Transaction ID : PR1159830027747
City MINNETRISTA	State MN	Zip Code 55364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHealth Group	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

Full Name (Last, First, Middle Initial) C. JACK E SHUFF		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 66093 PINE ST		Transaction ID : PR1159830527747
City MANDEVILLE	State LA	Zip Code 70448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation SB RVP	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

SUBTOTAL of Receipts This Page (optional).....▶	662.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JILL WINTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SPOEDE LN
 City SAINT LOUIS State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1159840427747
 Amount of Each Receipt this Period 108.00
 P/R Deduction (\$54.00 Bi-Weekly)

B. Mr. ANTHONY WELTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 SAIGON ROAD
 City MCLEAN State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1332013227747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. DAWN M OWENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 E LAKE OF THE ISLES PKWY
 City MINNEAPOLIS State MN Zip Code 55405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1551160327747
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 692.60
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Recruitment Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1551161327747
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LOIS T WEIHRAUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10392 SHERMAN DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1551161427747
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1554323527747
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	383.84
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. RICK M JELINEK
Full Name (Last, First, Middle Initial)

Mailing Address 5570 WOODSIDE LANE

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1554323927747

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176

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

Name of Employer United HealthCare Services Inc Occupation COO, Collaborative Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1554324527747

Amount of Each Receipt this Period
108.00

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

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

Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK State MN Zip Code 55416

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

Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1554324727747

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	592.60
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1575957627747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1575958127747
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

C. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Life Sciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1575958527747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

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

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1580864727747

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)
B. ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City EDINA	State MN	Zip Code 55424
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO Care Solutions
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1580865327747

Amount of Each Receipt this Period

384.60

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

Full Name (Last, First, Middle Initial)
C. RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City VICTORIA	State MN	Zip Code 55386
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital Dvlpmnt
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1596304127747

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....	784.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 93
(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 (Last, First, Middle Initial)
A. THAD C JOHNSON

Mailing Address 16848 STIRRUP LN

City State Zip Code
 EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
 United HealthCare Services Inc Market Group General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : PR1596304327747

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code
 EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy General Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : PR1596304527747

Amount of Each Receipt this Period
230.76

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

Full Name (Last, First, Middle Initial)
C. CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City State Zip Code
 MINNEAPOLIS MN 55401

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Underwriting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : PR1596304927747

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **507.68**

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

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

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

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

A. THOMAS D LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHIPPEWA AVENUE
 City TAMPA State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1596306927747
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1596307027747
 Amount of Each Receipt this Period 220.00
 P/R Deduction (\$110.00 Bi-Weekly)

C. DIANE BEDNAR FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 FOXRIDGE CIRCLE
 City TAMPA State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, Medical & Clinical Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1596309727747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	374.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LISA M BEHNKE
Full Name (Last, First, Middle Initial)

Mailing Address 19647 CASA VERDE WAY

City FORT MYERS State FL Zip Code 33967

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR1596309827747

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. JOSEPH A HAFERMANN
Full Name (Last, First, Middle Initial)

Mailing Address 131 PEAVEY LANE

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation EVP Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR1596313427747

Amount of Each Receipt this Period 200.00

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

C. STEPHAN S RODGERS
Full Name (Last, First, Middle Initial)

Mailing Address 3455 CONGRESS STREET

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer United HealthCare Services Inc Occupation CEO Collaborative Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
04 / 30 / 2012
Transaction ID : PR1596317127747

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional).....▶ 662.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City SILVER SPRING State MD Zip Code 20905

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

Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Clinical Alignm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1596317427747

Amount of Each Receipt this Period **150.00**

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

B. DAVID C STURKEY
Full Name (Last, First, Middle Initial)

Mailing Address 1117 HANSLER LANE

City WAXHAW State NC Zip Code 28173

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

Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1596318427747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. JEFFREY ALAN TODD
Full Name (Last, First, Middle Initial)

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR1596319027747

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	278.00
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 20 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930

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

Name of Employer United HealthCare Services Inc Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1600597327747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer United HealthCare Services Inc Occupation VP & GM PCM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1600598527747

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation SVP Clinical Advancement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR1600598727747

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	478.00
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 21 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1602669927747
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations - Evercare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1613243527747
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. DANIEL S WALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17034 BAINBRIDGE DR
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1632360027747
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	452.30
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 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City	State	Zip Code
EDINA	MN	55435

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

Name of Employer	Occupation
United HealthCare Services Inc	Business Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1653443227747

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
B. THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416

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

Name of Employer	Occupation
United HealthCare Services Inc	SB VP Inside Sales & AM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1653444327747

Amount of Each Receipt this Period
115.40

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

Full Name (Last, First, Middle Initial)
C. ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City	State	Zip Code
ORONO	MN	55391

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

Name of Employer	Occupation
United HealthCare Services Inc	Business Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR1653445227747

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	884.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ELIZABETH DARCIE D. CORBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7985 LEA CIRCLE
 City BLOOMINGTON State MN Zip Code 55438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Health Care Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1669432227747
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. Mr. MILES S SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4349 FREMONT AVE S
 City MINNEAPOLIS State MN Zip Code 55409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1746717827747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAUL M EMERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1806750327747
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	661.52
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 24 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHELLE D LEDELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5115 SARATOGA LANE
 City PLYMOUTH State MN Zip Code 55442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1882850627747
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. CATHERINE K ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W 2000 S
 City DRIGGS State ID Zip Code 83422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1903550727747
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. ROBERT J DUFEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR1903577127747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	245.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SUSAN B EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City State Zip Code
 WOODBURY MN 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Customer Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1903578127747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1903591127747
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17498 GEORGE MORAN DRIVE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR1903622027747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	478.00
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 26 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2119468127747
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. KATHIE L BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Mrkting Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2119469427747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. LESLIE J CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19021 POPPY HILL CIRCLE
 City HUNTINGTON BEACH State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Network Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2119470327747
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	626.00
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 27 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RANDELL J CORREIA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1025
 City RANCHO SANTA FE State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2119471327747
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. RICHARD A CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2119471827747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ANGELO GIAMBRONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 PARK STREET
 City HUNTINGTON BEACH State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Networks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2119475127747
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID M HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE	State CA	Zip Code 92673
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2119476727747

Amount of Each Receipt this Period
270.00

P/R Deduction (\$135.00 Bi-Weekly)

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

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH	State CA	Zip Code 90266
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Market Grp Chief Clinical Off
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2119477927747

Amount of Each Receipt this Period
307.60

P/R Deduction (\$153.80 Bi-Weekly)

C. BRIAN JEFFREY
Full Name (Last, First, Middle Initial)

Mailing Address 9 RIMROCK

City IRVINE	State CA	Zip Code 92603
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Network Contracting
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2119479127747

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	627.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN D JONES			Date of Receipt
Mailing Address 3562 REDWOOD			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2119479227747
IRVINE	CA	92606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.00"/>
Name of Employer	Occupation		P/R Deduction (\$96.00 Bi-Weekly)
United HealthCare Services Inc	VP Govt Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="864.00"/>		

Full Name (Last, First, Middle Initial) B. LYNDA A PAXSON			Date of Receipt
Mailing Address 3924 E GARNET PL			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2119485827747
HIGHLANDS RANCH	CO	80126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		P/R Deduction (\$25.00 Bi-Weekly)
United HealthCare Services Inc	Sr Field Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="225.00"/>		

Full Name (Last, First, Middle Initial) C. AUSTIN T PITTMAN			Date of Receipt
Mailing Address 14 LOCH RIDGE DRIVE			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : PR2119486727747
GREENSBORO	NC	27408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="270.00"/>
Name of Employer	Occupation		P/R Deduction (\$135.00 Bi-Weekly)
United HealthCare Services Inc	President Networks		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="1215.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="512.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718

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

Name of Employer United HealthCare Services Inc Occupation M&R President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2119486827747

Amount of Each Receipt this Period
200.00

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

Full Name (Last, First, Middle Initial)
B. CHERYL TANIGAWA MD

Mailing Address 5598 NAPLES CANAL

City LONG BEACH State CA Zip Code 90803

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

Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Health Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2119491127747

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. STEVEN M TUCKER

Mailing Address 12331 COUNTRY LANE

City SANTA ANA State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2119492027747

Amount of Each Receipt this Period
192.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **492.00**

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 31 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SUSAN VANASTEN
Full Name (Last, First, Middle Initial)

Mailing Address W313 GOLDEN GLOW RD

City KAUKAUNA State WI Zip Code 54130

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

Name of Employer United HealthCare Services Inc Occupation Site Dir Medicare Inside Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2119492627747

Amount of Each Receipt this Period **80.00**

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

B. GREGORY WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2119494127747

Amount of Each Receipt this Period **50.00**

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

C. FORREST G BURKE
Full Name (Last, First, Middle Initial)

Mailing Address 380 LEAF STREET

City ORONO State MN Zip Code 55356

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

Name of Employer United HealthCare Services Inc Occupation President PS Labor & Trust

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2133132427747

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional)..... **330.00**

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 32 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. BROR O HULTGREN

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2133133227747

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
B. ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City EDINA State MN Zip Code 55436

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

Name of Employer United HealthCare Services Inc Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2133133627747

Amount of Each Receipt this Period
70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City DES PLAINES State IL Zip Code 60016

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

Name of Employer United HealthCare Services Inc Occupation President Insurance Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2133133827747

Amount of Each Receipt this Period
300.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	446.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. T JEFFREY PUTNAM
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code
MINNEAPOLIS MN 55419

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

Name of Employer Occupation
United HealthCare Services Inc SVP Financial Plng & Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR2133134227747

Amount of Each Receipt this Period
384.60

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

B. DIANE M SCHIMMELBUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code
KINGWOOD TX 77339

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

Name of Employer Occupation
United HealthCare Services Inc Dir Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR2133134627747

Amount of Each Receipt this Period
50.00

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

C. ROBERT C FALKENBERG
Full Name (Last, First, Middle Initial)

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer Occupation
United HealthCare Services Inc Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
04 / 30 / 2012

Transaction ID : PR2145728427747

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	511.52
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 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROB FARAHANI		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2145728527747
Mailing Address PO BOX 704		Amount of Each Receipt this Period 76.92
City HUNTINGTON	State NY	Zip Code 11743
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Dir IT Project Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHAEL P SCHWARZ		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2145729727747
Mailing Address 13935 WOODRIDGE PATH		Amount of Each Receipt this Period 70.00
City SAVAGE	State MN	Zip Code 55378
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP General Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DANNETTE L SMITH		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2145729927747
Mailing Address 5414 BYSCANE LANE		Amount of Each Receipt this Period 386.00
City MINNETONKA	State MN	Zip Code 55345
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1737.00	P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	532.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARGARET W WEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TOPANGA
 City IRVINE State CA Zip Code 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2145730227747
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DAVID A SPIVACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2162867627747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225166727747
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.36
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225167427747
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

B. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225813627747
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. ERIC S RANGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225819327747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 37 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHN D RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540

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

Name of Employer United HealthCare Services Inc Occupation RVP Client Mgmt & Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225819627747

Amount of Each Receipt this Period 76.92

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

B. ROY THOMAS SAILOR
Full Name (Last, First, Middle Initial)

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921

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

Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2225819727747

Amount of Each Receipt this Period 153.84

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

C. KAREN A DIPALMO
Full Name (Last, First, Middle Initial)

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256

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

Name of Employer Golden Rule Financial Corp. Occupation Dir Network Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2231347227747

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.76

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 38 OF 93
(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 (Last, First, Middle Initial)
A. DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City State Zip Code
 INDIANAPOLIS IN 46256

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

Name of Employer Occupation
 Golden Rule Financial Corp. Deputy General Counsel (Mgr)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2231352327747

Amount of Each Receipt this Period
 160.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City State Zip Code
 SAINT PAUL MN 55116

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

Name of Employer Occupation
 United HealthCare Services Inc Chief Technology Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2247625827747

Amount of Each Receipt this Period
 200.00

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

Full Name (Last, First, Middle Initial)
C. JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code
 WHITE PLAINS NY 10605

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

Name of Employer Occupation
 United HealthCare Services Inc Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 519.30

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2247626827747

Amount of Each Receipt this Period
 115.40

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KEVIN DAVID KANTOLA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2247627027747
Mailing Address 7031 HALSTEAD DRIVE		Amount of Each Receipt this Period 50.00
City MINNETRISTA	State MN	Zip Code 55364
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation VP, IT		P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. DENNIS P O'BRIEN		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2247627327747
Mailing Address 61 LOUGHLIN AVE		Amount of Each Receipt this Period 115.40
City COS COB	State CT	Zip Code 06807
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation RVP Network Mgmt		P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.30	

Full Name (Last, First, Middle Initial) C. JEFFERY RICHARD VERNEY		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2247627427747
Mailing Address 266 WESTLEDGE ROAD		Amount of Each Receipt this Period 115.40
City WEST SIMSBURY	State CT	Zip Code 06092
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation VP General Management		P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.30	

SUBTOTAL of Receipts This Page (optional).....▶	280.80
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: (check only one)	PAGE 40 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DARRELL BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Information Technology
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2247627627747

Amount of Each Receipt this Period

115.40

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

B. SANJAY GARODIA
Full Name (Last, First, Middle Initial)

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS	State IL	Zip Code 60514
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation COO, IBS
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2247627827747

Amount of Each Receipt this Period

76.92

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

C. DANIEL L OHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City DULUTH	State GA	Zip Code 30097
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Region CEO
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2247628027747

Amount of Each Receipt this Period

53.84

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	246.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN M PRINCE
Full Name (Last, First, Middle Initial)

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation Market Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2259738427747

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. CHRISTOPHER L CRONN
Full Name (Last, First, Middle Initial)

Mailing Address 507 PRESSLER #3128

City AUSTIN State TX Zip Code 78703

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2270522927747

Amount of Each Receipt this Period
76.92

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

C. SIMON L STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55403

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3152.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2364863227747

Amount of Each Receipt this Period
217.40

P/R Deduction (\$108.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	488.32
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: (check only one)	PAGE 42 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEANNE M DE SA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 TILDEN STREET NW #204-1
 City WASHINGTON State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2402315927747
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2402318227747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DIANE D SOUZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 STANLEY DRIVE
 City GLASTONBURY State CT Zip Code 06033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Specialty Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2402320027747
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	534.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LORI SWEERE LILIENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11826 GERMAINE TERRACE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1737.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2402320227747
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. SHELLEY WIKE CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City State Zip Code
 LAS VEGAS NV 89108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2402444427747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JAMES C COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 ETHAN DRIVE
 City State Zip Code
 EAGAN MN 55123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Employee Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2402445227747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 786.00
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 44 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JAMES D DONOVAN
Full Name (Last, First, Middle Initial)

Mailing Address 2816 MONTREAUX DRIVE

City	State	Zip Code
FRISCO	TX	75034

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Dev and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2402445327747

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

B. JOHN L LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347

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

Name of Employer	Occupation
United HealthCare Services Inc	Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1737.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2402445627747

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

C. KARA J RIOS
Full Name (Last, First, Middle Initial)

Mailing Address 5116 DUGGAN PLAZA

City	State	Zip Code
EDINA	MN	55439

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2402445727747

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1016.00
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 45 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. JOY O HIGA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2402446227747
Mailing Address 2208 ELM AVENUE		Amount of Each Receipt this Period 60.00
City MANHATTAN BEACH	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. SOHINI G JINDAL		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2402446327747
Mailing Address 9300 IVY TREE LANE		Amount of Each Receipt this Period 200.00
City GREAT FALLS	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. RUSSELL C PETRELLA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2402446427747
Mailing Address 4612 MOORLAND AVENUE		Amount of Each Receipt this Period 200.00
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation President C&S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 46 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2405428827747

Amount of Each Receipt this Period **384.60**

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

B. JOSEPH R STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1621 BERKSHIRE RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.40**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2405429127747

Amount of Each Receipt this Period **95.20**

P/R Deduction (\$47.60 Bi-Weekly)

C. RODNEY CHARLES ARMSTEAD
Full Name (Last, First, Middle Initial)

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2405430227747

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **559.80**

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 47 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GAIL KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP & Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.79

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2437119527747
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. DAVID K LIVINGSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24570 RIDGE POLE COURT
 City SOUTH LYON State MI Zip Code 48178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2437120227747
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JACK S WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 NORTH 75 STREET
 City SCOTTSDALE State AZ Zip Code 85250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Natl Medical Director/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2437120527747
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	628.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PAUL JOSEPH BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City State Zip Code
 BROOKLYN PARK MN 55443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Business Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2437120727747
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. KELLY L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 13540 BIRCHWOOD AVENUE
 City State Zip Code
 ROSEMOUNT MN 55068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Business Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2437121327747
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. LAURA L NESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10550 PINNACLE WAY
 City State Zip Code
 WOODBURY MN 55129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2437121527747
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	274.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHN P BLANK
Full Name (Last, First, Middle Initial)

Mailing Address 1582 MEDINA RD

City MEDINA	State MN	Zip Code 55356
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Operations
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2437126927747

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. PETER W RAINEY
Full Name (Last, First, Middle Initial)

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS	State MN	Zip Code 55410
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Finance
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2437127527747

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. ROBIN E LIPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.79**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2439928027747

Amount of Each Receipt this Period

384.62

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

SUBTOTAL of Receipts This Page (optional).....▶	656.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEPHEN M HEYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 SHERRILL AVENUE
 City State Zip Code
 CHEVY CHASE MD 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2444265727747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LORI C MCDOUGAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19705 LAKEVIEW AVENUE
 City State Zip Code
 DEEPHAVEN MN 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO - UMVS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2445015327747
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. CHARLES L WILKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10827 MOUNT CURVE ROAD
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO OH Financial Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2445016627747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	784.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK J DUHAIME		Date of Receipt
Mailing Address 5781 RUBY DRIVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
TROY	MI	48085
FEC ID number of contributing federal political committee.		Transaction ID : PR2445016927747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	VP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="351.00"/>	

Full Name (Last, First, Middle Initial) B. EILEEN J LIVERANI		Date of Receipt
Mailing Address 100 BOSTOCK ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SHOKAN	NY	12481
FEC ID number of contributing federal political committee.		Transaction ID : PR2460167227747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="55.40"/>
Name of Employer	Occupation	P/R Deduction (\$27.70 Bi-Weekly)
United HealthCare Services Inc	Dir Customer Service	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.30"/>	

Full Name (Last, First, Middle Initial) C. KARIN KEITEL		Date of Receipt
Mailing Address 3918 HAVEN ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNETONKA	MN	55345
FEC ID number of contributing federal political committee.		Transaction ID : PR2460167627747
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	P/R Deduction (\$50.00 Bi-Weekly)
United HealthCare Services Inc	Business Segment Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="233.40"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 52 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. SHELBY P SOLOMON		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 5702 BLAKE ROAD		Transaction ID : PR2460167927747
City EDINA	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.00	
Name of Employer United HealthCare Services Inc	Occupation President Government	P/R Deduction (\$115.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Full Name (Last, First, Middle Initial) B. LARRY C RENFRO		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 5 DOVE LANE		Transaction ID : PR2460168127747
City ANDOVER	State MA	Zip Code 01810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 384.60	
Name of Employer United HealthCare Services Inc	Occupation EVP, UHG and CEO, Optum	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

Full Name (Last, First, Middle Initial) C. DAVID B ORBUCH		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 3370 SYCAMORE LANE		Transaction ID : PR2460168227747
City PLYMOUTH	State MN	Zip Code 55441
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00	
Name of Employer United HealthCare Services Inc	Occupation Chief Compliance Officer	P/R Deduction (\$38.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.50	

SUBTOTAL of Receipts This Page (optional).....▶	691.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIC J WEXLER
Full Name (Last, First, Middle Initial)
Mailing Address 7220 WILLOW OAK DR
City WEST BLOOMFIELD State MI Zip Code 48324
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2463723127747
Amount of Each Receipt this Period 64.00
P/R Deduction (\$32.00 Bi-Weekly)

B. SUE SCHICK
Full Name (Last, First, Middle Initial)
Mailing Address 319 BERKLEY ROAD
City MERION STATION State PA Zip Code 19066
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2480620527747
Amount of Each Receipt this Period 250.00
P/R Deduction (\$125.00 Bi-Weekly)

C. JO ANNE M ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6236 KNOLL DRIVE
City EDINA State MN Zip Code 55436
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Integration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2484541627747
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	508.00
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 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. MATTHEW A BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 EAST 4TH STREET
 City EDMOND State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2484541727747
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JAMES F COPPENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5965 LAKE LINDEN COURT
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Total Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 568.35

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2484541927747
 Amount of Each Receipt this Period 126.30
 P/R Deduction (\$63.15 Bi-Weekly)

C. LILLIAN R HECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 DEER LAKE CIRCLE
 City BLUE BELL State PA Zip Code 19422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2484542127747
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	286.30
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 93
(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 (Last, First, Middle Initial)
A. KEVIN KNARR

Mailing Address 3138 O STREET NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
United HealthCare Services Inc VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2484542327747

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
B. MARK PHILLIPS

Mailing Address 1760 LUCY RIDGE CT

City State Zip Code
CHANHASSEN MN 55317-7661

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

Name of Employer Occupation
United HealthCare Services Inc SVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2484542627747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City State Zip Code
CINCINNATI OH 45255

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

Name of Employer Occupation
United HealthCare Services Inc VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2486697827747

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **254.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS B MANDERFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 PENN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2486697927747
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 SUMMIT OAKS CT
 City State Zip Code
 BURNSVILLE MN 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2491457027747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN G NACKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 666 LINDA VISTA AVENUE
 City State Zip Code
 PASADENA CA 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP OptumInsight Consulting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2491457227747
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	474.00
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 57 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. CHRISTOPHER S STANLEY		Date of Receipt
Mailing Address 12934 W 81ST AVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARVADA	CO	80005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2491457427747
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Medical Director	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. KATHRYN M SULLIVAN		Date of Receipt
Mailing Address 530 N LAKE SHORE DR # 2309		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
CHICAGO	IL	60611
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2491457527747
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Region CEO	<input type="text" value="194.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$97.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="873.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAEL HARTLEY		Date of Receipt
Mailing Address 4313 MORNINGSIDE ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
EDINA	MN	55416-5031
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2538641327747
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Operations	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$1000.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1294.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KARA V SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 3 14 STREET NORTH EAST

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2540175327747

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

B. HYLLIUS R EDWARDS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2541300427747

Amount of Each Receipt this Period
100.00

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

C. MATTHEW A KING
Full Name (Last, First, Middle Initial)

Mailing Address 1112 LORME COURT

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : PR2541300527747

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	507.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHN VERSAGGI
Full Name (Last, First, Middle Initial)

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **865.44**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2541300827747

Amount of Each Receipt this Period **192.32**

P/R Deduction (\$96.16 Bi-Weekly)

B. JOHN F DOHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2542024527747

Amount of Each Receipt this Period **100.00**

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

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 3643 N SEELEY AVENUE #2

City CHICAGO State IL Zip Code 60618

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2542541927747

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	352.32
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: (check only one)	PAGE 60 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JENNIFER L MCMULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 857 GLENBROOK DRIVE

City ATLANTA State GA Zip Code 30318

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2542542127747

Amount of Each Receipt this Period **50.00**

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

B. RICHARD E RAMSAY
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2542542227747

Amount of Each Receipt this Period **100.00**

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

C. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2542542327747

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional)..... **210.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CHANTA G COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2552313527747

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
B. JEREMY VAUGHN BRYANT

Mailing Address 11700 ARBORHILL DRIVE

City ZIONSVILLE State IN Zip Code 46077

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2552961327747

Amount of Each Receipt this Period
70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SCOTT F FLANNERY

Mailing Address 8508 TRELADY CT

City PLANO State TX Zip Code 75024

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

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : PR2552962327747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **224.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CLAIRE L HANNAN

Mailing Address 25932 PORTAFINO DRIVE

City MISSION VIEJO State CA Zip Code 92691

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

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2552962727747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GREGORY J JAMES

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2552963227747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JARRETT T JEDLICKA

Mailing Address 13852 BIRCHWOOD AVE

City ROSEMOUNT State MN Zip Code 55068

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

Name of Employer United HealthCare Services Inc Occupation Dir Traffic/Workforce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2552963327747

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **236.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. BENJAMIN T KEHL

Mailing Address 19619 CALUMET COURT

City State Zip Code
FARMINGTON MN 55024

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

Name of Employer Occupation
United HealthCare Services Inc Dir General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2552963527747

Amount of Each Receipt this Period
80.00

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

Full Name (Last, First, Middle Initial)
B. THOMAS D SCIUTO

Mailing Address 160 ACORN LANE

City State Zip Code
MILFORD CT 06461

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

Name of Employer Occupation
United HealthCare Services Inc KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2552966127747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. WILLIAM OWEN WILLIAMS II

Mailing Address 12419 BELLINGRATH STREET

City State Zip Code
CARMEL IN 46032

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

Name of Employer Occupation
Golden Rule Insurance Company Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2552967127747

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	238.00
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 64 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. MONICA L RAYBURN		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2553475127747
Mailing Address 688 WEST SYCAMORE		Amount of Each Receipt this Period 78.00
City VERNON HILLS	State IL	Zip Code 60061
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Claims
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICHARD D THOMAS		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2553475427747
Mailing Address 5121 DUPONT AVENUE SOUTH		Amount of Each Receipt this Period 194.00
City MINNEAPOLIS	State MN	Zip Code 55419
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP General Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 873.00	P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DENEEN VOJTA		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : PR2553475527747
Mailing Address 5201 KELLOGG AVENUE		Amount of Each Receipt this Period 386.00
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiatives & Clin Aff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1737.00	P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	658.00
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 65 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2554013027747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6017 N 68TH STREET
 City OMAHA State NE Zip Code 68104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2560064427747
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CRAIG W GAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 BAYSHORE BLVD #1007
 City TAMPA State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2560064727747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DONALD J GIANCURSIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1737.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2560064927747
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. JERI L JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 W ORANGEWOOD AVE
 City PHOENIX State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2560065127747
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. SHELDON LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 CLIFFIELD ROAD
 City BEDFORD State NY Zip Code 10506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : PR2560065427747
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	658.00
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 67 OF 93
(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 (Last, First, Middle Initial)
A. ANGELA L LOBERG

Mailing Address **2837 EAST PARK PLACE**

City State Zip Code
MILWAUKEE WI 53211

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
873.00

Date of Receipt
04 / 30 / 2012

Transaction ID : PR256006527747

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEFFREY D LUCHT

Mailing Address **191 MAIN ST**

City State Zip Code
S GLASTONBURY CT 06073

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

Name of Employer Occupation
United HealthCare Services Inc SVP, Actuarial & Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
873.00

Date of Receipt
04 / 30 / 2012

Transaction ID : PR2560065627747

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DAVID MILICH

Mailing Address **2702 BIRCHMERE COURT**

City State Zip Code
KATY TX 77450

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

Name of Employer Occupation
United HealthCare Services Inc Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
04 / 30 / 2012

Transaction ID : PR2560066027747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **466.00**

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 68 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 848 N RAINBOW BLVD

City LAS VEGAS State NV Zip Code 89107

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

Name of Employer United HealthCare Services Inc Occupation Solution Sls Exec OptumInsight

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2560398627747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. TIMOTHY J NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55410

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2560398827747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES CRONIN

Mailing Address 20700 DELTA DRIVE

City GAITHERSBURG State MD Zip Code 20882

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

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2560821127747

Amount of Each Receipt this Period **76.92**

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

SUBTOTAL of Receipts This Page (optional).....▶	232.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LARRY W CAVANAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 NE 20TH ST # 1010
 City State Zip Code
 FORT LAUDERDALE FL 33305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Spec Ben Govt Dental Sales Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2563211027747
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. KATHLEEN R CRAMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 SOUTH OCEAN BLVD B5
 City State Zip Code
 PALM BEACH FL 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2563211127747
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 4TH STREET NORTH
 City State Zip Code
 ARLINGTON VA 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 873.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : PR2564296827747
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	472.00
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 70 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ARTHUR R MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 ASHINGTON LANDING DRIVE
 City TAMPA State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564296927747
 Amount of Each Receipt this Period 333.34
 P/R Deduction (\$166.67 Bi-Weekly)

B. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564297127747
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564297327747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 611.34
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 71 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City AUSTIN State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564297527747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller - Market Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564802727747
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564803127747
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	466.00
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 72 OF 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8413 ST REGIS WAY
 City MONTGOMERY VILLAGE State MD Zip Code 20886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB, VP of Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564803227747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564803327747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM T MCENERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2012 HUMBOLDT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2564803627747
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 356.00
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 73 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
BROOKEVILLE MD 20833

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2564803927747

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
United HealthCare Services Inc Sr Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
873.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2564804027747

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SUSAN SOMMER

Mailing Address 130 SUNRISE AVENUE

City State Zip Code
EXCELSIOR MN 55331

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

Name of Employer Occupation
United HealthCare Services Inc VP Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
873.00

Date of Receipt
04 / 30 / 2012
Transaction ID : PR2564804227747

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	466.00
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 74 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KATHRYN S RUBIN
Full Name (Last, First, Middle Initial)

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441

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

Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Foundation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2564804327747

Amount of Each Receipt this Period **194.00**

P/R Deduction (\$97.00 Bi-Weekly)

B. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2564804527747

Amount of Each Receipt this Period **80.00**

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

C. ROBERT EDWARD CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3220 XANTHUS LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : PR2567129627747

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **352.00**

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 75 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. WENDY D ARNONE
Full Name (Last, First, Middle Initial)
Mailing Address N62W13531 SUNBRUST DRIVE
City MENOMONEE FALLS State WI Zip Code 53051
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2568900527747
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. KENDALL B MARSH
Full Name (Last, First, Middle Initial)
Mailing Address N72 W24078 CRAVEN DR
City SUSSEX State WI Zip Code 53089
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB Dir Account Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2568900627747
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C. MATTHEW H STEARNS
Full Name (Last, First, Middle Initial)
Mailing Address 5131 MASSACHUSETTS AVENUE
City BETHESDA State MD Zip Code 20816
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2571777927747
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	256.00
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 76 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RICHARD A ELLIOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 WOODSCAPE TRAIL
 City ALPHARETTA State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2572588827747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JEFFREY P DEAN
 Full Name (Last, First, Middle Initial)
 Mailing Address W5912 DEAN ROAD
 City TOMAHAWK State WI Zip Code 54487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2572589427747
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. KEVIN JAMES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 WEST SUNNYSLOPE ROAD
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Network Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2572590027747
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	236.00
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 77 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ALMERINDA KOLODZIEJ		Date of Receipt
Mailing Address 221 S LOMBARD AVENUE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2572590227747
OAK PARK	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="260.00"/>
Name of Employer	Occupation	P/R Deduction (\$-1300.00 Bi-Weekly)
United HealthCare Services Inc	Dir Project Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THERESA M CLARKE		Date of Receipt
Mailing Address 16644 GRAND AVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2572591127747
BELLFLOWER	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Assoc Dir Utilization Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS P WIFFLER		Date of Receipt
Mailing Address 1421 SOMERFIELD DRIVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2572992727747
BOLINGBROOK	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="194.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Health Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="485.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="532.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 78 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANITA Q MESSAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 16935 41ST AVE N
 City PLYMOUTH State MN Zip Code 55446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2573877027747
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

B. GEORGE KLOS
 Full Name (Last, First, Middle Initial)
 Mailing Address N3623 MOSSER RD
 City GLEASON State WI Zip Code 54435-9473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2575282627747
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. MICHAEL TUDEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9425 WEATHERLY DR
 City BRENTWOOD State TN Zip Code 37027-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2012
Transaction ID : PR2575980327747
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	37362.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 93
(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 (Last, First, Middle Initial)
A. XLHealth Corporation Political Action Committee

Mailing Address The Warehouse at Camden Yards
351 West Camden Street, Suite 100

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C** C00461541

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54285.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2012
Transaction ID : 34686164

Amount of Each Receipt this Period
54285.05

Transfer from Affiliated PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	54285.05
TOTAL This Period (last page this line number only).....▶	54285.05

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

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

FOR LINE NUMBER: PAGE 80 OF 93
(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 (Last, First, Middle Initial)
A. Heath Shuler for Congress
 Mailing Address 38 Ivy Street, SE
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00413393
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2012
Transaction ID : 34581712
 Amount of Each Receipt this Period
 2500.00
 Refund from General Election Contribution

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Great Land PAC

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

The Great Land PAC

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
04 / 13 / 2012

Transaction ID : 34641397

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City Satellite Beach State FL Zip Code 32937

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. Bill Nelson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 34641399

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich

Mailing Address PO Box 240287

City Anchorage State AK Zip Code 99524

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. Mark Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 34641400

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution

011

Candidate Name

Sen. Debbie Stabenow

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641402

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

Mr. Mark Warner

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641409

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

Mr. Mark Warner

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641410

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens For Altmore

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Jason Altmore

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641417

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Altmore

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Jason Altmore

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641418

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. John Barrasso

Category/
Type

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Transaction ID : 34641425

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690162

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John Cornyn

Category/
Type

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690163

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. The Next Century Fund

Mailing Address 116 So. Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690166

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Georgians for Isakson

Mailing Address Post Office Box 71955

City Marierta State GA Zip Code 30007

Purpose of Disbursement
Contribution

011

Candidate Name

Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690167

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Boustany for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690169

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690171

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Common Values PAC

Mailing Address 406 Virginia Ave.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34690174

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. John Barrasso

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34690177

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address 228 S. Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34690178

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PORT PAC

Mailing Address 900 19th Street, NW
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2012

Transaction ID : 34690183

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Republican Main Street Partnership PAC

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2012

Transaction ID : 34690186

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pompeo For Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Pompeo

Office Sought: House Senate President
State: KS District: 04

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2012

Transaction ID : 34690187

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Graves for Congress

Mailing Address P.O. Box 34744

City State Zip Code
Kansas City MO 64116

Purpose of Disbursement
Contribution

011

Candidate Name

Sam Graves

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690194

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690195

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. People For Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690201

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Thomas R. Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690204

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. James Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690209

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. James E. Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

Transaction ID : 34690215

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Big Easy Committee

Mailing Address 10 G Street, NE
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690219

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joseph Crowley

Office Sought: House Senate President
State: NY District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690220

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Adam Smith For Congress

Mailing Address 27030 47th Ave S #104

City Kent State WA Zip Code 98032

Purpose of Disbursement
Contribution

Candidate Name

Adam Smith

Office Sought: House Senate President
State: WA District: 09

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : 34690229

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Michael J. Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2012

Transaction ID : 34690232

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

79500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. ALMERINDA KOLODZIEJ

Mailing Address 221 S LOMBARD AVENUE

City OAK PARK State IL Zip Code 60302-3313

Purpose of Disbursement
Refund of contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 34794407

Amount of Each Disbursement this Period

Refund of contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Sears

Mailing Address 6711 Monroe Street Building 3 Suit

City State Zip Code
Sylvania OH 53560

Purpose of Disbursement
Barbara Sears, STATE HOUSE 46th OH

Candidate Name
OH Rep. Barbara Sears

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: OH District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Transaction ID : 34658397

Amount of Each Disbursement this Period

1000.00

Barbara Sears, STATE HOUSE 46th OH

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1000.00

1000.00
