

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Patrick J. Erlandson

Signature of Treasurer Electronically Filed by Patrick J. Erlandson Date 04 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		100128.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	100128.32									
(c) Total Receipts (from Line 19)	75952.39	75952.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	176080.71	176080.71								
7. Total Disbursements (from Line 31)	146250.00	146250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29830.71	29830.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53219.51	53219.51
(i) Itemized (use Schedule A)	20732.88	20732.88
(ii) Unitemized	73952.39	73952.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73952.39	73952.39
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75952.39	75952.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75952.39	75952.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130000.00	130000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	16250.00	16250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	146250.00	146250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	146250.00	146250.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	73952.39	73952.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73952.39	73952.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. KEN L HOVERMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3650 Olentangy River Rd OH020-3010		Transaction ID: PR1159790913771	
City Columbus State OH Zip Code 43214-1138	Amount of Each Receipt this Period _____ 210.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC Ohio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBERT J SHEEHY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9900 Bren Road East MN008-W301		Transaction ID: PR1159794013771	
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 1330.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1330.00		P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL J KOEHLER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 106 Farmers Alley, Suite 400 MI012-3200		Transaction ID: PR1159795313771	
City Kalamazoo State MI Zip Code 49005-0271	Amount of Each Receipt this Period _____ 280.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation CEO PHP Southwest Michigan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1820.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159827413771
Mailing Address 12125 Technology Drive MN002-0145		Amount of Each Receipt this Period 538.44
City State Zip Code Eden Prairie MN 55344	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Senior VP Ingenix Employer Group	Aggregate Year-to-Date ▼ 538.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) JEANNINE M RIVET		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159830013771
Mailing Address 9900 Bren Road E. MN008-W315		Amount of Each Receipt this Period 1346.10
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive VP/Operations	Aggregate Year-to-Date ▼ 1346.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) WILLIAM J ANTHONY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159830213771
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 269.22
City State Zip Code Minnetonka MN 55440-1459	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. V.P. Call Center Operations - Ovations	Aggregate Year-to-Date ▼ 269.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2153.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LOIS E QUAM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159813713771
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 1346.10
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. CEO, Ovations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1346.10	

Full Name (Last, First, Middle Initial) B. RICHARD A COLLINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814013771
Mailing Address 450 Columbus Blvd CT030-1030		Amount of Each Receipt this Period 350.00
City State Zip Code Hartford CT 06115-0450	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Director, Underwriting	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

Full Name (Last, First, Middle Initial) C. THOMAS H LINDQUIST		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814113771
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 1076.88
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$153.84 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. President, AARP Division, Ovations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1076.88	

SUBTOTAL of Receipts This Page (optional) ▶	2772.98
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DAVID S WICHMANN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814713771
Mailing Address 9900 Bren Road East MN008-W304		Amount of Each Receipt this Period 1346.10
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. SVP - Corporate Development	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1346.10	

B. Full Name (Last, First, Middle Initial) SAUL FELDMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815213771
Mailing Address 405 Market Street CA035-2701		Amount of Each Receipt this Period 538.44
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. CEO United Behavioral Health	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 538.44	

C. Full Name (Last, First, Middle Initial) EUGENE C CAVANAUGH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815313771
Mailing Address 450 Columbus Blvd CT030-12NB-BB		Amount of Each Receipt this Period 538.44
City State Zip Code Hartford CT 06115	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. CFO Uniprise	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 538.44	

SUBTOTAL of Receipts This Page (optional) ▶	2422.98
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 65
	<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. SHEILA E MCMILLAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817513771
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 538.44
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP - Finance AARP Division	Aggregate Year-to-Date 538.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN R MACH JR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817613771
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 560.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Chief Medical Officer, Evercare	Aggregate Year-to-Date 560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEVIN W PEARSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817813771
Mailing Address 5225 Wiley Post Way, Suite 500 UT015-0500		Amount of Each Receipt this Period 225.00
City State Zip Code Salt Lake City UT 84116	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. CEO Ingenix Health Intelligence	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1323.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) L ROBERT DAPPER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159818013771	
Mailing Address 9900 Bren Road East MN008-T902		Amount of Each Receipt this Period 1076.95	
City Minnetonka	State MN	Zip Code 55343	P/R Deduction (\$153.85 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group	Occupation Senior Vice President Human Capital		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.95		

B. Full Name (Last, First, Middle Initial) MARK F LINDSAY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159818613771	
Mailing Address 5901 Lincoln Drive MN012-N215		Amount of Each Receipt this Period 1346.10	
City Edina	State MN	Zip Code 55436	P/R Deduction (\$192.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10		

C. Full Name (Last, First, Middle Initial) THOMAS J QUIRK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819113771	
Mailing Address 5800 Granite Parkway, ste 900 TX033-1000		Amount of Each Receipt this Period 269.22	
City Plano	State TX	Zip Code 75024	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group	Occupation CEO Dallas/Austin Health Plan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

SUBTOTAL of Receipts This Page (optional) ▶	2692.27
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) LESLIE GIDDENS ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530798313771
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Amount of Each Receipt this Period 807.66
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation SVP Medical Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 807.66		

B. Full Name (Last, First, Middle Initial) DEBORAH MATES CHASKES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530798513771
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Amount of Each Receipt this Period 700.00
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 700.00		

C. Full Name (Last, First, Middle Initial) THELMA DUGGIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530799213771
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Amount of Each Receipt this Period 1346.01
City Vienna State VA Zip Code 22182	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1346.01		

SUBTOTAL of Receipts This Page (optional) ▶	2853.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr EDGAR G G. RIOS		Date of Receipt
Mailing Address 8045 Leesburg Pike, 6th Fl		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Vienna VA 22182	Transaction ID: PR1550188313771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
Name of Employer UnitedHealth Group, Inc.	Occupation Lawyer	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 ▼ 1346.10	

Full Name (Last, First, Middle Initial) B. JAQUELYN E ALBRIGHT		Date of Receipt
Mailing Address 9900 Bren Road East MN008-T202		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Minnetonka MN 55343	Transaction ID: PR1550191013771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

Full Name (Last, First, Middle Initial) C. DAVID P INGRAHAM		Date of Receipt
Mailing Address 9900 Bren Road East MN008-T500		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Minnetonka MN 55343	Transaction ID: PR1550191113771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 471.17
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$67.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.17	

SUBTOTAL of Receipts This Page (optional) ▶	2019.22
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) DAVID R ASTAR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005113771
Mailing Address 12125 Technology Drive MN002-0100		Amount of Each Receipt this Period 1346.10
City State Zip Code Eden Prairie MN 55344	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. COO Ingenix	Aggregate Year-to-Date 1346.10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) ROBERT J BOHNENKAMP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005613771
Mailing Address 9900 Bren Road East MN008-W300		Amount of Each Receipt this Period 406.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Systems	Aggregate Year-to-Date 406.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) TIMOTHY J HEADY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551122513771
Mailing Address 5901 Lincoln Drive MN012-S234		Amount of Each Receipt this Period 280.00
City State Zip Code Edina MN 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2032.10
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 65						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial) ERNEST MONFILETTO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958113771	
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Amount of Each Receipt this Period 538.44	
City Philadelphia	State PA	Zip Code 19107	P/R Deduction (\$76.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 538.44	
Name of Employer UnitedHealth Group, Inc.	Occupation Computer Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) LEE D VALENTA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958513771	
Mailing Address 12125 TECHNOLOGY DRIVE MN002-0100		Amount of Each Receipt this Period 1346.10	
City EDEN PRAIRIE	State MN	Zip Code 55344	P/R Deduction (\$192.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1346.10	
Name of Employer UnitedHealth Group, Inc.	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) SONIA M BARTZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958713771	
Mailing Address 4316 Rice Lake Road MN015-2838		Amount of Each Receipt this Period 250.00	
City Duluth	State MN	Zip Code 55811	P/R Deduction (\$250.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2134.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOSEPH O WEISSENBORN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T850		Transaction ID: PR1580865413771
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 595.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation HR Benefits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 595.00	

Full Name (Last, First, Middle Initial) B. WILLIAM S BOJAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T205		Transaction ID: PR1596303713771
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 280.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 280.00	

Full Name (Last, First, Middle Initial) C. PAUL H GULSTRAND		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6300 Olson Memorial HWY MN010-E112		Transaction ID: PR1596304013771
City State Zip Code Golden Valley MN 55427	Amount of Each Receipt this Period _____ 269.22	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 269.22	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1144.22
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 65
	<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. GEOFFREY ALAN GOTHRO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T700		Transaction ID: PR1596306813771
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 269.22	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 269.22	

Full Name (Last, First, Middle Initial) B. THOMAS D LEWIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3838 N Causeway Blvd STE 2100 LA035-1000		Transaction ID: PR1596306913771
City State Zip Code Metairie LA 70002	Amount of Each Receipt this Period _____ 269.22	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 269.22	

Full Name (Last, First, Middle Initial) C. ROBERT W OBERRENDER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T380		Transaction ID: PR1596307013771
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 203.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Cash Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 203.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 741.44
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. EDWARD LAGERSTROM		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9900 Bren Road East MN008-T430		Transaction ID: PR1596315013771	
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 269.22		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 269.22		

Full Name (Last, First, Middle Initial) B. STEPHAN S RODGERS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5901 Lincoln Drive MN012-S200		Transaction ID: PR1596317113771	
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period _____ 807.66		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.38 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 807.66		

Full Name (Last, First, Middle Initial) C. KEVIN J RUTH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 80 King Farm Blvd Ste 600 MD051-1000		Transaction ID: PR1596317413771	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period _____ 525.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 525.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1601.88
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. THOMAS J O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 660 OAKMONT LANE #200 IL036-1000		Transaction ID: PR1600597813771
City WESTMONT State IL Zip Code 60559	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc. Occupation Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)
	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) B. LEWIS G SANDY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5901 LINCOLN DRIVE MN012-N205		Transaction ID: PR1600598713771
City EDINA State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 455.00
Name of Employer UnitedHealth Group, Inc. Occupation Doctor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$65.00 Bi-Weekly)
	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) C. MATTHEW W PETERSON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5901 Lincoln Drive MN012-S286		Transaction ID: PR1602669913771
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc. Occupation Human Resources	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)
	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1004.22
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JEFF W MALONEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1613243513771
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) B. LAURA M BRANKER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8045 Leesburg Pike VA026-1000		Transaction ID: PR1613243613771
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.95	

Full Name (Last, First, Middle Initial) C. ALLEN LAWRENCE FINKELSTEIN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2 Gateway Center NJ040-1000		Transaction ID: PR1620989013771
City Newark	State NJ	Zip Code 07102
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

SUBTOTAL of Receipts This Page (optional)	1009.61
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 65
	<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. DANIEL S WALLER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1632360013771
Mailing Address 9900 Bren Road East MN008-W385		Amount of Each Receipt this Period 201.95
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 201.95	

Full Name (Last, First, Middle Initial) B. STEVE R KOOREN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1653443213771
Mailing Address 6150 Trenton Lane N MN013-N400		Amount of Each Receipt this Period 403.83
City State Zip Code Plymouth MN 55442	FEC ID number of contributing federal political committee. C	P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 403.83	

Full Name (Last, First, Middle Initial) C. FEATHER O HOUSTOUN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1653446113771
Mailing Address The Wannamker Building 100 Penn Sq PA040-1000		Amount of Each Receipt this Period 350.00
City State Zip Code Philadelphia PA 19107	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	955.78
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 65
	<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. JOYCE A LARKIN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T500		Transaction ID: PR1677771613771
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc. Occupation Public Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$76.92 Bi-Weekly)
Aggregate Year-to-Date ▼ 538.44		

Full Name (Last, First, Middle Initial) B. JOHN T KOUTSOUMPAS JR		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 701 Pennsylvania Ave NW Suite 530 DC030-1000		Transaction ID: PR1748514513771
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc. Occupation Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)
Aggregate Year-to-Date ▼ 269.22		

Full Name (Last, First, Middle Initial) C. LEE R SHAPIRO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 800 King Farm Blvd, STE 600 MD051-1000		Transaction ID: PR1775550913771
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc. Occupation HealthCare Provider	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$28.85 Bi-Weekly)
Aggregate Year-to-Date ▼ 201.95		

SUBTOTAL of Receipts This Page (optional)	1009.61
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. GREGORY A BAYER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 425 Market St FL 12/13/27 CA035-2700		Transaction ID: PR1806750213771
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period _____ 420.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$60.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date ▼ _____ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HOLLY A BODE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address Suite 530, 701 Pennsylvania Ave NW DC030-1000		Transaction ID: PR1817581113771
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period _____ 269.22	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.46 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Administration	Aggregate Year-to-Date ▼ _____ 269.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DUANE E WHITE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W209		Transaction ID: PR1822173313771
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 366.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$1.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date ▼ _____ 366.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1055.22
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. SUSAN B EDBERG		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 9900 Bren Raod East MN008-T615		Transaction ID: PR1903578113771
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer UnitedHealth Group, Inc.	Occupation Customer Service	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. KRISTIN L MOUNT		Date of Receipt M M / D D / Y Y Y Y
Mailing Address FL 35 1114 Avenue of the Americas NY065-W350		Transaction ID: PR1907906513771
City State Zip Code New York NY 10036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer UnitedHealth Group, Inc.	Occupation Insurance	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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	53219.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 65	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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

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

A. Full Name (Last, First, Middle Initial)
Sabo for Congress Volunteer Comm.

Mailing Address 11702 Selkirk Avenue

City State Zip Code
Burnsville MN 55337

FEC ID number of contributing federal political committee. **C** C00086728

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 2006 Primary Elec-
 tion

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 6

Transaction ID: 23748300

Amount of Each Receipt this Period
2000.00

Retired from Political Of-
 fice returned contribution

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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

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. Sires For Congress		Transaction ID: 23330488 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 6050 Boulevard East Apt 6b		Amount of Each Disbursement this Period 1000.00
City West New York State NJ Zip Code 07093		
Purpose of Disbursement Election to US House of Reps		Election to US House of Reps
Candidate Name Albio Sires		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: NJ District: 13		

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: 23480476 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution to National Campaign Commit		Contribution to National Campaign Committee
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Tom Feeney For Congress		Transaction ID: 23480462 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 101 East College Avenue		Amount of Each Disbursement this Period 1000.00
City Tallahassee State FL Zip Code 32301		
Purpose of Disbursement Re-elect to US House of Reps		Re-elect to US House of Reps
Candidate Name Tom Feeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: FL District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	17000.00
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. Heather Wilson for Congress		Transaction ID: 23480469 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87102	011 Category/ Type	
Purpose of Disbursement Re-elect to House of Reps		Re-elect to House of Reps
Candidate Name Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: NM District: 1		

Full Name (Last, First, Middle Initial) B. Nelson For U S Senate		Transaction ID: 23480473 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 540154		Amount of Each Disbursement this Period 1500.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement Re-elect to US Senate		Re-elect to US Senate
Candidate Name Sen. Ben Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 2		

Full Name (Last, First, Middle Initial) C. Marsha Blackburn For Congress Inc.		Transaction ID: 23480458 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 2000.00
City Franklin State TN Zip Code 37068	011 Category/ Type	
Purpose of Disbursement Re-elect to House of Reps		Re-elect to House of Reps
Candidate Name Rep. Marsha Blackburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: TN District: 7		

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)

A. National Republican Senatorial Committee Full Name (Last, First, Middle Initial) Mailing Address 425 Second Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution to National Campaign Commit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23480479 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 15000.00 Contribution to National Campaign Committee
--	--	---

B. Northup for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 7313 City LOUISVILLE State KY Zip Code 40257 Purpose of Disbursement Candidate Name Anne M. Northup Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23487406 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
--	--	---

C. Keep Our Majority PAC Full Name (Last, First, Middle Initial) Mailing Address P.O Box 20209 City Alexandria State VA Zip Code 22320 Purpose of Disbursement support for candidates to US House Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23505405 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 support for candidates to US House
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	21000.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Hatch Election Committee		Transaction ID: 23505419 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 555 13th Street NW Suite 600 East		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20004-1109	re-election to US Senate	
Purpose of Disbursement re-election to US Senate Candidate Name Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Sabo for Congress Volunteer Comm.		Transaction ID: 23505383 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 11702 Selkirk Avenue		Amount of Each Disbursement this Period 2000.00
City Burnsville State MN Zip Code 55337	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps Candidate Name Rep. Martin Olav Sabo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Texas Freedom Fund		Transaction ID: 23505395 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 104 East Hume Avenue		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22301	Support for republican candidates to US House	
Purpose of Disbursement Support for republican candidates to US Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Mikulski for Senate Full Name (Last, First, Middle Initial) Mailing Address 711 West 40th Street Suite 460 City Baltimore State MD Zip Code 21211 Purpose of Disbursement Re-election to US Senate Candidate Name Barbara A. Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23542393 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 Re-election to US Senate
--	--	---

B. NorthStar Leadership PAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 4365 City St. Paul State MN Zip Code 55104 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23542302 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Leadership PAC
--	--	---

C. Searchlight Leadership Fund Full Name (Last, First, Middle Initial) Mailing Address 422 C St. NE Lower Level City Washington State DC Zip Code 20002 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23542520 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Leadership PAC
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SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 65

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

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

A. J.D. Hayworth for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 14273 City Scottsdale State AZ Zip Code 85267 Purpose of Disbursement Re-election to US House of Reps Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23583990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Re-election to US House of Reps
---	--	--

B. HULSHOF FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 1411 BOUCHELLE AVE City COLUMBIA State MO Zip Code 66520 Purpose of Disbursement Re-election to US House of Reps Candidate Name Kenny Hulshof Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23584006 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 Re-election to US House of Reps
---	--	--

C. Every Republican is Crucial (ERICPAC) Full Name (Last, First, Middle Initial) Mailing Address 4914 Fitzhugh Avenue, Suite 200 City Richmond State VA Zip Code 23230 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23584102 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Leadership PAC
---	--	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. DeWine for Senate Full Name (Last, First, Middle Initial) Mailing Address 8 E Broud St. City Columbus State OH Zip Code 43215 Purpose of Disbursement Re-election to US Senate Candidate Name Mike DeWine Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23593695 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 4000.00 Re-election to US Senate
--	--	---

B. McConnell Senate Committee '08 Full Name (Last, First, Middle Initial) Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201 Purpose of Disbursement Re-Election to US Senate in 2008 Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23593732 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 Re-Election to US Senate in 2008
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C. McCrery for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4650 City Shreveport State LA Zip Code 71134 Purpose of Disbursement Re-election to US House of Reps Candidate Name Jim McCrery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23593696 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 Re-election to US House of Reps
--	--	--

SUBTOTAL of Disbursements This Page (optional)	11000.00
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)

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

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

A. Tom Davis for Congress Full Name (Last, First, Middle Initial) Mailing Address 6429 Downing Court City Annandale State VA Zip Code 22003 Purpose of Disbursement Re-election to US House of Reps Candidate Name Thomas M. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23606305 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 Re-election to US House of Reps
---	--	--

B. Volunteer PAC Full Name (Last, First, Middle Initial) Mailing Address 2000 Glen Echo Road, Suite 107 City Nashville State TN Zip Code 37215 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23622386 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00
---	--	---

C. Hobson For Congress Full Name (Last, First, Middle Initial) Mailing Address 82 West Columbia St. City Springfield State OH Zip Code 45502 Purpose of Disbursement Re-election to US House of Reps Candidate Name David L. Hobson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23622316 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Re-election to US House of Reps
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SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Joe Liberman		Transaction ID: 23622344 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address PO Box 4322 State House Square		Amount of Each Disbursement this Period 1000.00	
City Hamden State CT Zip Code 06514	Re-election to US Senate		
Purpose of Disbursement Re-election to US Senate			011 Category/ Type
Candidate Name Joseph I. Lieberman			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: CT District: 2			

Full Name (Last, First, Middle Initial) B. McCrery for Congress		Transaction ID: 23622383 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 4650		Amount of Each Disbursement this Period 500.00	
City Shreveport State LA Zip Code 71134	Re-election to US House of Reps		
Purpose of Disbursement Re-election to US House of Reps			011 Category/ Type
Candidate Name Jim McCrery			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: LA District: 4			

Full Name (Last, First, Middle Initial) C. McCrery for Congress		Transaction ID: 23622385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 4650		Amount of Each Disbursement this Period 1000.00	
City Shreveport State LA Zip Code 71134	Re-election to US House of Reps		
Purpose of Disbursement Re-election to US House of Reps			011 Category/ Type
Candidate Name Jim McCrery			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District: 4			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Peterson for Congress		Transaction ID: 23622346 Date of Disbursement 03 / 03 / 2006
Mailing Address P.O. Box 265		Amount of Each Disbursement this Period 2000.00
City Detroit Lake	State MN Zip Code 56502	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Collin C. Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election to US House of Reps
State: MN District: 7		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress		Transaction ID: 23622382 Date of Disbursement 03 / 03 / 2006
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20013-5214	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election to US House of Reps
State: ND District: 1		

Full Name (Last, First, Middle Initial) C. Ramstad Volunteer Committee		Transaction ID: 23622376 Date of Disbursement 03 / 03 / 2006
Mailing Address 8100 Penn Avenue South Suite #104		Amount of Each Disbursement this Period 2000.00
City Bloomington	State MN Zip Code 55431	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Re-election to US House of Reps
State: MN District: 3		

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. Tim Murphy For Congress		Transaction ID: 23622290 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 2000.00
City Pittsburgh State PA Zip Code 15234	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps Candidate Name Rep. Tim Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Category/Type 011

Full Name (Last, First, Middle Initial) B. Cantor For Congress		Transaction ID: 23630443 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 2000.00
City Richmond State VA Zip Code 23226	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps Candidate Name Rep. Eric Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Category/Type 011

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 23630630 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 23226	Re-Election to US House of Reps	
Purpose of Disbursement Re-Election to US House of Reps Candidate Name Rep. Eric Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Transaction ID: 23661781 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 430 S Capitol		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	011 Category/ Type DSCC Campaign Committee	
Purpose of Disbursement DSCC Campaign Committee		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Kline For Congress		Transaction ID: 23661783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 7500 Hudson Boulevard Suite 130B		Amount of Each Disbursement this Period 2000.00
City Oakdale State MN Zip Code 55128	011 Category/ Type 2006 Primary Electio	
Purpose of Disbursement Candidate Name John Kline, Jr		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MN District: 6		

Full Name (Last, First, Middle Initial) C. Hoosiers Supporting Buyer For Congress		Transaction ID: 23674227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 200 North Main St PO Box 712		Amount of Each Disbursement this Period 2000.00
City Monticello State IN Zip Code 47960	011 Category/ Type Re-Election to US House of Reps	
Purpose of Disbursement Re-Election to US House of Reps Candidate Name Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: IN District: 5		

SUBTOTAL of Disbursements This Page (optional) ▶	19000.00
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)

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

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

A. Johnson for Congress Committee Full Name (Last, First, Middle Initial) Johnson for Congress Committee Mailing Address P.O. Box 1986 City New Britain State CT Zip Code 06050 Purpose of Disbursement Re-Election to US House of Reps Candidate Name Nancy L. Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23674225 Date of Disbursement 03 / 14 / 2006 Amount of Each Disbursement this Period 2000.00 Re-Election to US House of Reps
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B. Nathan Deal for Congress Full Name (Last, First, Middle Initial) Nathan Deal for Congress Mailing Address P.O. Box 902 City Gainesville State GA Zip Code 30503 Purpose of Disbursement Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 23720666 Date of Disbursement 03 / 23 / 2006 Amount of Each Disbursement this Period 1000.00
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C. Nathan Deal for Congress Full Name (Last, First, Middle Initial) Nathan Deal for Congress Mailing Address P.O. Box 902 City Gainesville State GA Zip Code 30503 Purpose of Disbursement Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23720685 Date of Disbursement 03 / 23 / 2006 Amount of Each Disbursement this Period 500.00
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SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Kent Conrad		Transaction ID: 23720659 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Chris Owens For Congress		Transaction ID: 23720654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 328 Flatbush Avenue #333		Amount of Each Disbursement this Period 2000.00
City Brooklyn	State NY	
Zip Code 11238		
Purpose of Disbursement 011 Category/Type		
Candidate Name Chris Owens		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: NY District: 11		

Full Name (Last, First, Middle Initial) C. Ensign For Senate		Transaction ID: 23720688 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 26568		Amount of Each Disbursement this Period 1500.00
City Las Vegas	State NV	
Zip Code 89126		
Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. John Ensign		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: NV District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: 23740800 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 340 East Gay Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. People with Hart		Transaction ID: 23741527 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	011 Category/ Type Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		
Candidate Name Melissa Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	130000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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. ROBERT J SHEEHY		Transaction ID: 23756554	
Mailing Address 5901 LINCOLN DRIVE MN012-N205		Date of Disbursement MM / DD / YYYY 03 / 29 / 2006	
City EDINA	State MN	Zip Code 55436	Amount of Each Disbursement this Period -130.00
Purpose of Disbursement Void - ROBERT J SHEEHY		010 Category/ Type	
Candidate Name		Void - ROBERT J SHEEHY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	-130.00
TOTAL This Period (last page this line number only)	-130.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Rendell for Governor		Transaction ID: 23361403 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 123 South Broad Street		Amount of Each Disbursement this Period 2000.00
City Philadelphia State PA Zip Code 19109	011 Category/ Type Edward Rendell, GOVERNOR PA	
Purpose of Disbursement Edward Rendell, GOVERNOR PA		
Candidate Name Edward G. Rendell		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. Hugh Holliman for NC House		Transaction ID: 23378175 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 588		Amount of Each Disbursement this Period 250.00
City Lexington State NC Zip Code 27293	011 Category/ Type Lindsey Holliman, STATE HOUSE 81st NC	
Purpose of Disbursement Lindsey Holliman, STATE HOUSE 81st NC		
Candidate Name Representative Lindsey Holliman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 81	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. Hugh Holliman for NC House		Transaction ID: 23648940 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 588		Amount of Each Disbursement this Period -250.00
City Lexington State NC Zip Code 27293	011 Category/ Type Void - Hugh Holliman for NC House	
Purpose of Disbursement Void - Hugh Holliman for NC House		
Candidate Name Representative Lindsey Holliman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 81	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 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. Citizen's for Sam Smith		Transaction ID: 23606270 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 826 Ridge Rd		Amount of Each Disbursement this Period 1000.00
City Punxsutawney State PA Zip Code 15767	Category/ Type 011	
Purpose of Disbursement Samuel Smith, STATE HOUSE 66th PA		
Candidate Name Representative Samuel Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 66	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Samuel Smith, STATE HOUSE 66th PA

Full Name (Last, First, Middle Initial) B. Texans for Bob Deuell		Transaction ID: 23645281 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 5609		Amount of Each Disbursement this Period 1000.00
City Greenville State TX Zip Code 75404	Category/ Type 011	
Purpose of Disbursement Bob Deuell, STATE SENATE TX		
Candidate Name TX Sen. Bob Deuell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bob Deuell, STATE SENATE TX

Full Name (Last, First, Middle Initial) C. Texans for Tommy Williams		Transaction ID: 23645278 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 8069		Amount of Each Disbursement this Period 1000.00
City The Woodlands State TX Zip Code 77381	Category/ Type 011	
Purpose of Disbursement Tommy Williams, STATE SENATE TX		
Candidate Name TX Sen. Tommy Williams		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Tommy Williams, STATE SENATE TX

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Michael Schofield Campaign		Transaction ID: 23645254 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 420756		Amount of Each Disbursement this Period 250.00
City Houston State TX Zip Code 77242	Michael Schofield, STATE HOUSE 113rd TX	
Purpose of Disbursement Michael Schofield, STATE HOUSE 113rd TX		011 Category/Type
Candidate Name Michael Schofield		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Frank Madla		Transaction ID: 23645272 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 460261		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78246	Frank Madla, STATE SENATE TX	
Purpose of Disbursement Frank Madla, STATE SENATE TX		011 Category/Type
Candidate Name Senator Frank Madla		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Patricia Harless Campaign		Transaction ID: 23645387 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1 Stonegate Park Court		Amount of Each Disbursement this Period 250.00
City Spring State TX Zip Code 77379	Patricia Harless, STATE HOUSE 126th TX	
Purpose of Disbursement Patricia Harless, STATE HOUSE 126th TX		011 Category/Type
Candidate Name Patricia Harless		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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 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)

A. AI Edwards Campaign Full Name (Last, First, Middle Initial) Mailing Address 3108 S. MacGregor City Houston State TX Zip Code 77021 Purpose of Disbursement AI Edwards, STATE HOUSE 146th TX Candidate Name Representative AI Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 14		Transaction ID: 23645290 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 250.00 AI Edwards, STATE HOUSE 146th TX
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B. Norma Chavez Campaign Full Name (Last, First, Middle Initial) Mailing Address 824 Bolivia City El Paso State TX Zip Code 79903 Purpose of Disbursement Norma Chavez, STATE HOUSE 76th TX Candidate Name Representative Norma Chavez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 76		Transaction ID: 23645324 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 250.00 Norma Chavez, STATE HOUSE 76th TX
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C. Charlie Howard Campaign Full Name (Last, First, Middle Initial) Mailing Address 9300 US Highway 90A City Sugar Land State TX Zip Code 77478 Purpose of Disbursement Charles Howard, STATE HOUSE 26th TX Candidate Name Representative Charles Howard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26		Transaction ID: 23645326 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 500.00 Charles Howard, STATE HOU- SE 26th TX
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SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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 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. Larry Phillips Campaign		Transaction ID: 23645327 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1126 South Crockett		Amount of Each Disbursement this Period 500.00
City Sherman State TX Zip Code 75090	Larry Phillips, STATE HOUSE 62nd TX	
Purpose of Disbursement Larry Phillips, STATE HOUSE 62nd TX		011 Category/Type
Candidate Name TX Rep. Larry Phillips		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 62

Full Name (Last, First, Middle Initial) B. Leo Berman Campaign		Transaction ID: 23645345 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 2109 Dover Lane		Amount of Each Disbursement this Period 250.00
City Tyler State TX Zip Code 75703	Leo Berman, STATE HOUSE 06th TX	
Purpose of Disbursement Leo Berman, STATE HOUSE 06th TX		011 Category/Type
Candidate Name Representative Leo Berman		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 6

Full Name (Last, First, Middle Initial) C. Representative Elvira Reyna		Transaction ID: 23645348 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 870368		Amount of Each Disbursement this Period 500.00
City Mesquite State TX Zip Code 75187	Elvira Reyna, STATE HOUSE 101st TX	
Purpose of Disbursement Elvira Reyna, STATE HOUSE 101st TX		011 Category/Type
Candidate Name Representative Elvira Reyna		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 10

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
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 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. Sylvester Turner Campaign		Transaction ID: 23645351 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 440 Louisiana, 1880 Lyric Center		Amount of Each Disbursement this Period 500.00
City Houston State TX Zip Code 77002	011 Category/ Type	
Purpose of Disbursement Sylvester Turner, STATE HOUSE 139th TX		
Candidate Name Representative Sylvester Turner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Sylvester Turner, STATE HOUSE 139th TX

Full Name (Last, First, Middle Initial) B. David Swinford Campaign		Transaction ID: 23645353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 519 Bradley Lane		Amount of Each Disbursement this Period 1000.00
City Dumas State TX Zip Code 79029	011 Category/ Type	
Purpose of Disbursement David Swinford, STATE HOUSE 87th TX		
Candidate Name Representative David Swinford		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 87	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	David Swinford, STATE HOUSE 87th TX

Full Name (Last, First, Middle Initial) C. Kent Grusendorf Campaign		Transaction ID: 23645356 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1221 W. Nathan Lowe Road		Amount of Each Disbursement this Period 500.00
City Arlington State TX Zip Code 76017	011 Category/ Type	
Purpose of Disbursement Kent Grusendorf, STATE HOUSE 94th TX		
Candidate Name Representative Kent Grusendorf		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 94	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Kent Grusendorf, STATE HOUSE 94th TX

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 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. Glen Hegar Campaign		Transaction ID: 23645484 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1008		Amount of Each Disbursement this Period 1000.00
City Katy State TX Zip Code 77492	Glenn Hegar, STATE HOUSE 28th TX	
Purpose of Disbursement Glenn Hegar, STATE HOUSE 28th TX		011 Category/ Type
Candidate Name TX Rep. Glenn Hegar, Jr.		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28		

Full Name (Last, First, Middle Initial) B. Anna Mowery Campaign		Transaction ID: 23645396 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 4108 Hildring Drive West		Amount of Each Disbursement this Period 250.00
City Fort Worth State TX Zip Code 76109	Anna Mowery, STATE HOUSE 97th TX	
Purpose of Disbursement Anna Mowery, STATE HOUSE 97th TX		011 Category/ Type
Candidate Name Representative Anna Mowery		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 97		

Full Name (Last, First, Middle Initial) C. Kevin Bailey Campaign		Transaction ID: 23645426 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 403 Sulky Trail		Amount of Each Disbursement this Period 250.00
City Houston State TX Zip Code 77060	Kevin Bailey, STATE HOUSE 140th TX	
Purpose of Disbursement Kevin Bailey, STATE HOUSE 140th TX		011 Category/ Type
Candidate Name Representative Kevin Bailey		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 14		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Dan Flynn Campaign		Transaction ID: 23645430 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 669		Amount of Each Disbursement this Period 500.00
City Van State TX Zip Code 75790	Dan Flynn, STATE HOUSE 02-nd TX	
Purpose of Disbursement Dan Flynn, STATE HOUSE 02nd TX		011 Category/Type
Candidate Name TX Rep. Dan Flynn		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2		

Full Name (Last, First, Middle Initial) B. James Beckham Campaign		Transaction ID: 23645466 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 417		Amount of Each Disbursement this Period 250.00
City Abilene State TX Zip Code 79604	James Beckham, STATE HOUSE 71st TX	
Purpose of Disbursement James Beckham, STATE HOUSE 71st TX		011 Category/Type
Candidate Name James Beckham		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 71		

Full Name (Last, First, Middle Initial) C. Friends of Brandon Creighton		Transaction ID: 23645471 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 19 Woods Estate Drive		Amount of Each Disbursement this Period 250.00
City Conroe State TX Zip Code 77304	C Creighton, STATE HOUSE 16th TX	
Purpose of Disbursement C Creighton, STATE HOUSE 16th TX		011 Category/Type
Candidate Name C Brandon Creighton		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16		

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Joe Crabb		Transaction ID: 23645474 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 20319 Arrow Cove Drive		Amount of Each Disbursement this Period 250.00
City Humble State TX Zip Code 77346	Purpose of Disbursement Joe Crabb, STATE HOUSE 127th TX Candidate Name Representative Joe Crabb Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		Joe Crabb, STATE HOUSE 12-7th TX

Full Name (Last, First, Middle Initial) B. Kirk England Campaign		Transaction ID: 23645477 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 3630 Green Hollow Drive		Amount of Each Disbursement this Period 250.00
City Grand Prairie State TX Zip Code 75052	Purpose of Disbursement Kirk England, STATE HOUSE 106th TX Candidate Name Kirk England Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		Kirk England, STATE HOUSE 106th TX

Full Name (Last, First, Middle Initial) C. Jim Landtroop Campaign		Transaction ID: 23645478 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1103 Floydada		Amount of Each Disbursement this Period 250.00
City Plainview State TX Zip Code 79072	Purpose of Disbursement Jim Landtroop, STATE HOUSE 85th TX Candidate Name Jim Landtroop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 85 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		Jim Landtroop, STATE HOUSE 85th TX

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

A. Representative Scott Campbell Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1389 City San Angelo State TX Zip Code 76902 Purpose of Disbursement Scott Campbell, STATE HOUSE 72nd TX Candidate Name TX Rep. Scott Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 72 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23645479 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 500.00 Scott Campbell, STATE HOUSE 72nd TX
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B. Friends of Eddie Lucio Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5958 City Brownsville State TX Zip Code 78532 Purpose of Disbursement Eddie Lucio, STATE HOUSE 38th TX Candidate Name Eddie Lucio, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 38 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23645481 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 250.00 Eddie Lucio, STATE HOUSE 38th TX
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C. Jim Pitts Campaign Full Name (Last, First, Middle Initial) Mailing Address 200 North Rogers City Waxahachie State TX Zip Code 75165 Purpose of Disbursement Jim Pitts, STATE HOUSE 10th TX Candidate Name Representative Jim Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23645482 Date of Disbursement 03 / 08 / 2006 Amount of Each Disbursement this Period 1000.00 Jim Pitts, STATE HOUSE 10th TX
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SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Representative Betty Brown

Mailing Address P.O. Box 1477

City Terrell State TX Zip Code 75160

Purpose of Disbursement
Betty Brown, STATE HOUSE 04th TX

Candidate Name
Representative Betty Brown

Office Sought: House
 Senate
 President

State: TX District: 4

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 23645483

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Betty Brown, STATE HOUSE
04th TX

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

16250.00