

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) X 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 2008 through 03 31 2008

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 04 29 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		243715.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	243715.76									
(c) Total Receipts (from Line 19)	132089.83	132089.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	375805.59	375805.59								
7. Total Disbursements (from Line 31)	105000.00	105000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	270805.59	270805.59								
9. Debts and Obligations owed 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	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	94097.88	94097.88
(i) Itemized (use Schedule A)	29919.75	29919.75
(ii) Unitemized	124017.63	124017.63
(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)	124017.63	124017.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8072.20	8072.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	132089.83	132089.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132089.83	132089.83

DETAILED SUMMARY PAGE

of Disbursements

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.....	93000.00	93000.00
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.....	12000.00	12000.00
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))..	105000.00	105000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105000.00	105000.00

DETAILED SUMMARY PAGE
of Disbursements

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 72	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Golden Rule Financial Corporation - Political Action Committee		Date of Receipt
Mailing Address 7440 Woodland Drive		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
City	State	Zip Code
Indianapolis	IN	46278
FEC ID number of contributing federal political committee.		Transaction ID: 27648285
<input type="text" value="C"/> <input type="text" value="C00231407"/>		Amount of Each Receipt this Period
		<input type="text" value="8072.20"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="8072.20"/>	
<input type="checkbox"/> Other (specify) ▼		Closing Golden Rule PAC transfer to United for Health PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8072.20"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8072.20"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) KEN L HOVERMAN		Date of Receipt
	Mailing Address 16221 SIERRA DE AVILA		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	TAMPA	FL	33613
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1159790919057
Name of Employer UnitedHealth Group, Inc.		Occupation Regional Marketing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 210.00
			P/R Deduction (\$30.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT J SHEEHY		Date of Receipt
	Mailing Address 5805 MAIT LN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	EDINA	MN	55436
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1159794019057
Name of Employer UnitedHealth Group, Inc.		Occupation SVP UnitedHealth Group	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1330.00	<input type="text"/> 1330.00
			P/R Deduction (\$190.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MICHAEL J KOEHLER		Date of Receipt
	Mailing Address 9511 OAKLAND LAKE WAY		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	MISSOURI CITY	TX	77459
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1159795319057
Name of Employer UnitedHealth Group, Inc.		Occupation KA VP Sales and Account Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	<input type="text"/> 280.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1820.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM P WHITELY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2657 WOODBRIDGE RD	Transaction ID: PR1159812619057
	City WAYZATA State MN Zip Code 55391	Amount of Each Receipt this Period 1346.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10	

B.	Full Name (Last, First, Middle Initial) WAYNE F COOK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1200 PEBBLE HILL ROAD	Transaction ID: PR1159812819057
	City DOYLESTOWN State PA Zip Code 18901	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: United HealthGroup Occupation: President Insurance Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22	

C.	Full Name (Last, First, Middle Initial) THOMAS H LINDQUIST	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9107 SUNNYVALE DR	Transaction ID: PR1159814119057
	City CHANHASSEN State MN Zip Code 55317	Amount of Each Receipt this Period 1076.88
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$153.84 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Product Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1076.88	

SUBTOTAL of Receipts This Page (optional)	2692.20
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DAVID S WICHMANN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7000 ANTRIM ROAD	Transaction ID: PR1159814719057
	City EDINA State MN Zip Code 55439	Amount of Each Receipt this Period 1346.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation EVP & Gr Pres Ind & Empl Mkts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10		

B.	Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2407 LAKE PLACE	Transaction ID: PR1159815919057
	City MINNEAPOLIS State MN Zip Code 55405	Amount of Each Receipt this Period 1346.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation SVP Business Operations	
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) PATRICIA R SAURO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8943 HIDDEN MEADOW R	Transaction ID: PR1159816419057
	City WOODBURY State MN Zip Code 55125	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer United HealthGroup, Inc. Occupation Business Segment CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	3392.20
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2119 WINDSONG CIRCLE	Transaction ID: PR1159816619057
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. EVP UHG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) JOHN S PENSHORN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 120 BLACK OAKS LANE	Transaction ID: PR1159816919057
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. SVP UnitedHealth Group	
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) PAUL D KALLMEYER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 468 HERALD DR	Transaction ID: PR1159817419057
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
	Name of Employer Occupation United Health Group Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	1645.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) SHEILA E MCMILLAN		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4174 LAKERIDGE RD		Transaction ID: PR1159817519057
	City EXCELSIOR	State MN	Zip Code 55331
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
	Name of Employer UnitedHealth Group, Inc.	Occupation President Secure Horizons	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		

B.	Full Name (Last, First, Middle Initial) JOHN R MACH JR		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7431 SHANNON DRIVE		Transaction ID: PR1159817619057
	City EDINA	State MN	Zip Code 55439
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1169.00
	Name of Employer UnitedHealth Group, Inc.	Occupation President EverCare	P/R Deduction (\$167.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1169.00		

C.	Full Name (Last, First, Middle Initial) MARK F LINDSAY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 345 SPRING HILL ROAD		Transaction ID: PR1159818619057
	City WAYZATA	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Bus Dvlpmt	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		

SUBTOTAL of Receipts This Page (optional)	3861.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) THOMAS J QUIRK		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5769 CEDAR GROVE CR		Transaction ID: PR1159819119057
	City PLANO	State TX	Zip Code 75093
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
	Name of Employer UnitedHealth Group	Occupation Health Plan CEO	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		

B.	Full Name (Last, First, Middle Initial) AMY K KNAPP		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3471 MAIN HIGHWAY #1033		Transaction ID: PR1159819319057
	City COCONUT GROVE	State FL	Zip Code 33133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 807.66
	Name of Employer UnitedHealth Group	Occupation President Key Accounts	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66		

C.	Full Name (Last, First, Middle Initial) WILLIAM E MOELLER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2233 WYNDANCE WAY		Transaction ID: PR1159819519057
	City NORTHBROOK	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
	Name of Employer UnitedHealth Group	Occupation SVP Relationship & Bus Dvlpmnt	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		

SUBTOTAL of Receipts This Page (optional)	▶	1615.32
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

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

Transaction ID: PR1159819819057

Amount of Each Receipt this Period
807.66

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

B.

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

Mailing Address 3032 TEMPLE TRAIL

City State Zip Code
WINTER PARK FL 32789

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.15

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

Transaction ID: PR1159821319057

Amount of Each Receipt this Period
269.15

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

C.

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

Mailing Address 13016 CANTERBURY

City State Zip Code
LEAWOOD KS 66209

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

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

Transaction ID: PR1159821519057

Amount of Each Receipt this Period
403.90

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

SUBTOTAL of Receipts This Page (optional) ► **1480.71**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City State Zip Code
PLYMOUTH MN 55446

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1159823519057

Amount of Each Receipt this Period
210.00

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

B.

Full Name (Last, First, Middle Initial)
ELISE A GEMEINHARDT

Mailing Address 2711 LORCOM LANE

City State Zip Code
ARLINGTON VA 22207

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Public/Gov't Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1159824919057

Amount of Each Receipt this Period
538.44

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

C.

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

Mailing Address 1655 FOX STREET

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR1159827419057

Amount of Each Receipt this Period
538.44

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

SUBTOTAL of Receipts This Page (optional) ► **1286.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code
MINNETRISTA MN 55364

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP UHG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

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

Transaction ID: PR1159830019057

Amount of Each Receipt this Period
1346.10

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

B.

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

Mailing Address 16 SPOEDE LN

City State Zip Code
SAINT LOUIS MO 63141

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

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

Transaction ID: PR1159840419057

Amount of Each Receipt this Period
378.00

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

C.

Full Name (Last, First, Middle Initial)
RICHARD SEGAN

Mailing Address 86 WESTBOURNE TERRACE

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

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

Transaction ID: PR1159841219057

Amount of Each Receipt this Period
378.00

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

SUBTOTAL of Receipts This Page (optional) ► **2102.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. ANTHONY WELTERS	Date of Receipt
	Mailing Address 919 SAIGON ROAD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code MCLEAN VA 22102	Transaction ID: PR1332013219057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1346.10
	Name of Employer Occupation UnitedHealth Group, Inc. EVP UHG	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	

B.	Full Name (Last, First, Middle Initial) JOHN KIRCHNER	Date of Receipt
	Mailing Address 1 WILLIAMSON LANE	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code LAMBERTVILLE NJ 08530	Transaction ID: PR1530190519057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 269.22
	Name of Employer Occupation UnitedHealth Group, Inc. Executive Director	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	

C.	Full Name (Last, First, Middle Initial) LESLIE GIDDENS ROBINSON	Date of Receipt
	Mailing Address 1004 WOODSIDE PARKWAY	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code SILVER SPRING MD 20910	Transaction ID: PR1530798319057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 807.66
	Name of Employer Occupation UnitedHealth Group, Inc. SVP Medical Mgmt	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
DEBORAH MATES CHASKES

Mailing Address 2704 CORTLAND PLACE NW

City State Zip Code
WASHINGTON DC 20008

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

Name of Employer UnitedHealth Group, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt / /

Transaction ID: PR1530798519057

Amount of Each Receipt this Period 700.00

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

B.

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

Mailing Address 7214 EVANS MILL ROAD

City State Zip Code
MCLEAN VA 22101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.01

Date of Receipt / /

Transaction ID: PR1530799219057

Amount of Each Receipt this Period 1346.01

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

C.

Full Name (Last, First, Middle Initial)
DAVID R ASTAR

Mailing Address 13304 122ND STREET SOUTH

City State Zip Code
HASTINGS MN 55033

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt / /

Transaction ID: PR1551005119057

Amount of Each Receipt this Period 769.20

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

SUBTOTAL of Receipts This Page (optional) ► **2815.21**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT J BOHNENKAMP		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4925 WOODS COURT		Transaction ID: PR1551005619057
	City GREENWOOD	State MN	Zip Code 55331
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
	Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CIO	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	

B.	Full Name (Last, First, Middle Initial) TIMOTHY J HEADY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19019 VOGEL FARM TRAIL		Transaction ID: PR1551122519057
	City EDEN PRAIRIE	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Pharmacy Benefit Mgmt	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) JAMES THOMAS JARRATT		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1605 CATALINA BAY CT		Transaction ID: PR1551132119057
	City GRANBURY	State TX	Zip Code 76048
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	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)	1895.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JERRY J KNUZSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 520 KIMBERLY LN N	Transaction ID: PR1551132519057
	City State Zip Code PLYMOUTH MN 55447-3588	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: Business Segment CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22	

B.	Full Name (Last, First, Middle Initial) THOMAS J VALERIUS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2820 DEER RUN TRAIL	Transaction ID: PR1551161319057
	City State Zip Code LONG LAKE MN 55356	Amount of Each Receipt this Period 538.44
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Recruitment Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44	

C.	Full Name (Last, First, Middle Initial) LOIS T WEIHRAUCH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8045 CHEYENNE AV	Transaction ID: PR1551161419057
	City State Zip Code CHANHASSEN MN 55317	Amount of Each Receipt this Period 378.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00	

SUBTOTAL of Receipts This Page (optional)	1185.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHN O ENDERLE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 31 ANDREIS TRAIL	Transaction ID: PR1554323519057
	City SOUTH WINDSOR State CT Zip Code 06074	Amount of Each Receipt this Period 385.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$55.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00	

B.	Full Name (Last, First, Middle Initial) RICK M JELINEK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5570 WOODSIDE LANE	Transaction ID: PR1554323919057
	City SHOREWOOD State MN Zip Code 55331	Amount of Each Receipt this Period 1346.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CEO 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) KIRK E STAPLETON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3840 INGLEWOOD AVE S	Transaction ID: PR1554324719057
	City SAINT LOUIS PARK State MN Zip Code 55416	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Dvlpmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	2081.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
KENNETH J FASOLA

Mailing Address 1000 WILDHURST TRAIL

City MOUND State MN Zip Code 55364-9639

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Secure Horizons

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

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

Transaction ID: PR1557899819057

Amount of Each Receipt this Period: 1346.10

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

B.

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

Mailing Address 12220 54TH AVENUE N

City PLYMOUTH State MN Zip Code 55442

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

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

Transaction ID: PR1575957619057

Amount of Each Receipt this Period: 1346.10

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

C.

Full Name (Last, First, Middle Initial)
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

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

Transaction ID: PR1575958119057

Amount of Each Receipt this Period: 538.44

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

SUBTOTAL of Receipts This Page (optional) ► **3230.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 72
(check only one)

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

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

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

A.

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

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1575958519057

Amount of Each Receipt this Period
 1346.10

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

B.

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

Name of Employer UnitedHealth Group, Inc. Occupation Pres UnitedHealth Alliances

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1580864719057

Amount of Each Receipt this Period
 269.22

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

C.

Full Name (Last, First, Middle Initial)
ROB WEBB

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO Care Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1580865319057

Amount of Each Receipt this Period
 1346.10

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

SUBTOTAL of Receipts This Page (optional) ► **2961.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 72
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) JOSEPH O WEISSENBORN</p> <p>Mailing Address 2740 CRESCENT RIDGE RD</p> <p>City State Zip Code MINNETONKA MN 55305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Total Compensation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 595.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1580865419057</p> <p>Amount of Each Receipt this Period 595.00</p> <p>P/R Deduction (\$85.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) PAUL H GULSTRAND</p> <p>Mailing Address 8729 WYNSTONE PASS</p> <p>City State Zip Code EDEN PRAIRIE MN 55347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Specialty Benefits</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1346.10</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1596304019057</p> <p>Amount of Each Receipt this Period 1346.10</p> <p>P/R Deduction (\$192.30 Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) GAYE ADAMS MASSEY</p> <p>Mailing Address 11641 TANGLEWOOD DRIVE</p> <p>City State Zip Code EDEN PRAIRIE MN 55347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment Gen Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 807.66</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1596304519057</p> <p>Amount of Each Receipt this Period 807.66</p> <p>P/R Deduction (\$115.38 Bi-Weekly)</p>
--	---

SUBTOTAL of Receipts This Page (optional)	2748.76
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL JOHN MCDONNELL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 109 HOLLY ROAD	Transaction ID: PR1596304719057
	City State Zip Code HOPKINS MN 55343	Amount of Each Receipt this Period 1078.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$154.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: President and CEO UHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1078.00	

B.	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 18266 DOVE CT	Transaction ID: PR1596304819057
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 1346.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10	

C.	Full Name (Last, First, Middle Initial) CAROL B MORNESS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10480 BLUFF RD	Transaction ID: PR1596304919057
	City State Zip Code EDEN PRAIRIE MN 55347	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: Director Underwriting 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)	2693.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) THOMAS D LEWIS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 345 BAYSHORE BLVD # P05	Transaction ID: PR1596306919057
	City State Zip Code TAMPA FL 33606	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: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22	

B.	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4505 MOORLAND AVENUE	Transaction ID: PR1596307019057
	City State Zip Code EDINA MN 55424	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: VP Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00	

C.	Full Name (Last, First, Middle Initial) LISA M BEHNKE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1643 BRICKELL AVENUE #1906	Transaction ID: PR1596309819057
	City State Zip Code MIAMI FL 33129	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	1172.22
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) RANDY P GILES		Date of Receipt
	Mailing Address 10819 ROARING BROOK LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	HOUSTON	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1596313219057
Name of Employer UnitedHealth Group, Inc.		Occupation Health Plan CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 269.22	<input type="text"/> 269.22
			P/R Deduction (\$38.46 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) EDWARD J HAWLEY		Date of Receipt
	Mailing Address 8046 E VIA DEL VALLE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SCOTTSDALE	AZ	85258
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1596313619057
Name of Employer UnitedHealth Group, Inc.		Occupation SB SVP National SIs & AM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 269.22	<input type="text"/> 269.22
			P/R Deduction (\$38.46 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) NANETTE R KARTSONIS		Date of Receipt
	Mailing Address 9804 SAGAMORE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LEAWOOD	KS	66206
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1596314619057
Name of Employer UnitedHealth Group, Inc.		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 245.00	<input type="text"/> 245.00
			P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 783.44
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
EDWARD LAGERSTROM

Mailing Address 4425 WEST 52ND STREET

City EDINA State MN Zip Code 55424

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Strategic Dvlpmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

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

Transaction ID: PR1596315019057

Amount of Each Receipt this Period: 269.22

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

B.

Full Name (Last, First, Middle Initial)
JEANNE E LUKAS

Mailing Address 14202 SPRING LAKE ROAD

City MINNETONKA State MN Zip Code 55345

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

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

Transaction ID: PR1596315319057

Amount of Each Receipt this Period: 269.22

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

C.

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

Mailing Address 3455 CONGRESS STREET

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Healthcare Strategies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

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

Transaction ID: PR1596317119057

Amount of Each Receipt this Period: 1346.10

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

SUBTOTAL of Receipts This Page (optional) ► 1884.54

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

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

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

FOR LINE NUMBER: PAGE 28 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
SILVER SPRING MD 20905

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1596317419057

Amount of Each Receipt this Period: 525.00

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

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

Mailing Address 316 SUWANNEE RD

City State Zip Code
WINTER HAVEN FL 33884

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1600597419057

Amount of Each Receipt this Period: 269.22

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1600598719057

Amount of Each Receipt this Period: 455.00

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

SUBTOTAL of Receipts This Page (optional) ► 1249.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW W PETERSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 20595 SPENCER LANE	Transaction ID: PR1602669919057
	City State Zip Code SHOREWOOD MN 55331	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: Business Segment CAO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) JEFF W MALONEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 18076 CLEAR SPRING LANE	Transaction ID: PR1613243519057
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 673.05
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.15 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Operations - Evercare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 673.05	

C.	Full Name (Last, First, Middle Initial) ALLEN LAWRENCE FINKELSTEIN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8 EAST 76TH STREET	Transaction ID: PR1620989019057
	City State Zip Code NEW YORK NY 10021	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: Medical Director 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)	1222.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) DANIEL S WALLER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 17034 BAINBRIDGE DR		Transaction ID: PR1632360019057
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
Name of Employer UnitedHealth Group, Inc.	Occupation Controller	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90	

B.

Full Name (Last, First, Middle Initial) STEVE R KOOREN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4444 ELLSWORTH DRIVE		Transaction ID: PR1653443219057
City EDINA	State MN	Zip Code 55435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.83
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CIO	P/R Deduction (\$57.69 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

C.

Full Name (Last, First, Middle Initial) THOMAS J BELLAMY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2743 THOMAS AVENUE SOUTH		Transaction ID: PR1653444319057
City MINNEAPOLIS	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
Name of Employer UnitedHealth Group, Inc.	Occupation Director Sales Operations	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90	

SUBTOTAL of Receipts This Page (optional)	1211.63
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 72
(check only one)

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

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

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

A.

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

Mailing Address 1313 E STREET NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt / /

Transaction ID: PR1677771619057

Amount of Each Receipt this Period 538.44

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

B.

Full Name (Last, First, Middle Initial)
Mr. MILES S SNOWDEN

Mailing Address 5241 BALDWIN LANE

City State Zip Code
MARIETTA GA 30068

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt / /

Transaction ID: PR1746717819057

Amount of Each Receipt this Period 1346.10

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

C.

Full Name (Last, First, Middle Initial)
JOHN T KOUTSOUMPAS JR

Mailing Address 7202 CONNECTICUT AVENUE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt / /

Transaction ID: PR1748514519057

Amount of Each Receipt this Period 1346.10

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

SUBTOTAL of Receipts This Page (optional) ► **3230.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 72
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City State Zip Code
LAFAYETTE CA 94549

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Behavioral Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1806750219057

Amount of Each Receipt this Period: 420.00

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

B. Full Name (Last, First, Middle Initial)
PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City State Zip Code
SAVAGE MN 55378

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1806750319057

Amount of Each Receipt this Period: 269.22

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

C. Full Name (Last, First, Middle Initial)
HOLLY A BODE

Mailing Address 3723 ALBEMARLE STREET NW

City State Zip Code
WASHINGTON DC 20016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.50

Date of Receipt: M M / D D / Y Y Y Y Y Y
Transaction ID: PR1817581119057

Amount of Each Receipt this Period: 269.50

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 958.72

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
SHERRIC PINOTTI

Mailing Address 416 BEAR AVE S

City State Zip Code
VADNAIS HEIGHTS MN 55127

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

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

Transaction ID: PR1832039819057

Amount of Each Receipt this Period
201.95

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

B.

Full Name (Last, First, Middle Initial)
CHRISTIAN S BERGERON

Mailing Address 43 MARJORIE LANE

City State Zip Code
MANCHESTER CT 06042

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

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

Transaction ID: PR1832301919057

Amount of Each Receipt this Period
403.90

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

C.

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

Mailing Address 5115 SARATOGA LANE

City State Zip Code
PLYMOUTH MN 55442

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR1882850619057

Amount of Each Receipt this Period
280.00

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

SUBTOTAL of Receipts This Page (optional) ► **885.85**

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

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

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

FOR LINE NUMBER: PAGE 34 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
CATHERINE K ANDERSON
Mailing Address 7 W 200 S
City DRIGGS State ID Zip Code 83422
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing/Bus Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.90
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1903550719057
Amount of Each Receipt this Period 403.90
P/R Deduction (\$57.70 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SUSAN B EDBERG
Mailing Address 9727 WELLINGTON RIDGE
City WOODBURY State MN Zip Code 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Customer Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1903578119057
Amount of Each Receipt this Period 700.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MARY C ACONIS
Mailing Address PO BOX 29613
City SAN ANTONIO State TX Zip Code 78229
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Mgr Claims
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR2119466419057
Amount of Each Receipt this Period 210.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1313.90
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JOSEPH E ADDIEGO
Mailing Address 19 MONTE AV
City State Zip Code
PIEDMONT CA 94611
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. Sr Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR2119466619057
Amount of Each Receipt this Period 672.00
P/R Deduction (\$96.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
GARY J AHWAH
Mailing Address 2010 VELEZ DR
City State Zip Code
RANCHO PALOS VERDE CA 90275
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. VP Information Systems
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR2119466719057
Amount of Each Receipt this Period 350.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
SUSAN LYNN BERKEL
Mailing Address 10 SHADOW GLEN
City State Zip Code
IRVINE CA 92620
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. SVP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1344.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR2119468119057
Amount of Each Receipt this Period 1344.00
P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2366.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) LESLIE J CARTER</p> <p>Mailing Address 19021 POPPY HILL CIRCLE</p> <p>City State Zip Code HUNTINGTON BEACH CA 92648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Management</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 672.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119470319057</p> <p>Amount of Each Receipt this Period 672.00</p> <p>P/R Deduction (\$96.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) HAROLD COATS</p> <p>Mailing Address 8112 SAPHIRE BAY CIRCLE</p> <p>City State Zip Code LAS VEGAS NV 89128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119471019057</p> <p>Amount of Each Receipt this Period 350.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) RANDELL J CORREIA</p> <p>Mailing Address PO BOX 1025</p> <p>City State Zip Code RANCHO SANTA FE CA 92067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pharm Mail Svcs Ops</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119471319057</p> <p>Amount of Each Receipt this Period 210.00</p> <p>P/R Deduction (\$30.00 Bi-Weekly)</p>
--	--

SUBTOTAL of Receipts This Page (optional)	1232.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ANDREA E DILWEG		Date of Receipt
	Mailing Address 2321 CARROLL PK SOUTH		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LONG BEACH	CA	90814
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119472919057
Name of Employer UnitedHealth Group, Inc.		Occupation Director Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 259.00	<input type="text"/> 259.00
			P/R Deduction (\$37.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BRADLEY M FLUITT		Date of Receipt
	Mailing Address 108 NORTH ROLLING OAKS		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SAN ANTONIO	TX	78253
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119474119057
Name of Employer UnitedHealth Group, Inc.		Occupation Director IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 210.00
			P/R Deduction (\$30.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE		Date of Receipt
	Mailing Address 18467 SANTA LEONORA CIR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	FOUNTAIN VALLEY	CA	92708
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119475119057
Name of Employer UnitedHealth Group, Inc.		Occupation Director Industry Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	<input type="text"/> 420.00
			P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 889.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
JOEL L GUINN

Mailing Address 201 W EDGEWATER TERR

City State Zip Code
NEW BRAUNFELS TX 78130

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119476219057

Amount of Each Receipt this Period
420.00

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

B.

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

Mailing Address 33 VIA CONOCIDO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
UnitedHealth Group, Inc. Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119476719057

Amount of Each Receipt this Period
945.00

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

C.

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

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119477919057

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional) ► 2065.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
JOHN D JONES

Mailing Address 3562 REDWOOD

City State Zip Code
IRVINE CA 92606

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Public/Gov't Affairs-Corp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119479219057

Amount of Each Receipt this Period
672.00

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

B.

Full Name (Last, First, Middle Initial)
KATHLEEN M KANNE

Mailing Address 43 BARBADOS

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Regional Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119479619057

Amount of Each Receipt this Period
210.00

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL S MALLORY

Mailing Address 1195 LORAIN ROAD

City State Zip Code
SAN MARINO CA 91108

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

Name of Employer Occupation
UnitedHealth Group, Inc. RVP Sales Pacific Region

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2119482619057

Amount of Each Receipt this Period
672.00

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

SUBTOTAL of Receipts This Page (optional) ► **1554.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 72
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) PETER W MCKINLEY</p> <p>Mailing Address 6212 OAKBROOK CIRCLE</p> <p>City State Zip Code HUNTINGTON BEACH CA 92648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Reg Network Mgmt Lead</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 525.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119483719057</p> <p>Amount of Each Receipt this Period 525.00</p> <p>P/R Deduction (\$75.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) CHARLEEN M MILBURN</p> <p>Mailing Address 3041 SAN LORENZO WAY</p> <p>City State Zip Code CARMICHAEL CA 95608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Regulatory Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119483919057</p> <p>Amount of Each Receipt this Period 455.00</p> <p>P/R Deduction (\$65.00 Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) NANCY J MONK</p> <p>Mailing Address 12271 CHIANTI DRIVE</p> <p>City State Zip Code LOS ALAMITOS CA 90720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Govt Affairs & Compl</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2119484319057</p> <p>Amount of Each Receipt this Period 350.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
---	--

SUBTOTAL of Receipts This Page (optional)	1330.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) SCOTT A NEURURER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9852 SILVRETTA DRIVE		Transaction ID: PR2119484919057
	City CYPRESS	State CA	Zip Code 90630
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 378.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Administrative Services	P/R Deduction (\$54.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00		

B.	Full Name (Last, First, Middle Initial) PAMELA J PAQUE		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1298 WASHINGTON ST		Transaction ID: PR2119485519057
	City WRIGHTSTOWN	State WI	Zip Code 54180
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 224.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Customer Service	P/R Deduction (\$32.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00		

C.	Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 14 LOCH RIDGE DRIVE		Transaction ID: PR2119486719057
	City GREENSBORO	State NC	Zip Code 27408
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 945.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00		

SUBTOTAL of Receipts This Page (optional)	▶	1547.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3401 E VIA PALOMITA		Transaction ID: PR2119486819057
	City TUCSON	State AZ	Zip Code 85718
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Public Policy	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 ▼ 700.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5598 NAPLES CANAL		Transaction ID: PR2119491119057
	City LONG BEACH	State CA	Zip Code 90803
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director	P/R Deduction (\$50.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) PATTI TUCKER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3126 PETALUMA AVENUE		Transaction ID: PR2119491919057
	City LONG BEACH	State CA	Zip Code 90808
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 672.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Business Development	P/R Deduction (\$96.00 Bi-Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	1722.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 72
(check only one)

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

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

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

A.

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

Mailing Address 11062 GOLD STAR LANE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

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

Transaction ID: PR2119492019057

Amount of Each Receipt this Period
672.00

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

B.

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR2119492619057

Amount of Each Receipt this Period
280.00

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

C.

Full Name (Last, First, Middle Initial)
CYNTHIA K DONOHOE

Mailing Address 2109 MEETING STREET

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

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

Transaction ID: PR2133132719057

Amount of Each Receipt this Period
269.22

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

SUBTOTAL of Receipts This Page (optional) ► **1221.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) ELLEN M DUFFIELD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 514 WARING ROAD	Transaction ID: PR2133132819057
	City State Zip Code ELKINS PARK PA 19027	Amount of Each Receipt this Period 378.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$54.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00	

B.	Full Name (Last, First, Middle Initial) PATRICIA A FORD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 21640 E BRIARWOOD DRIVE	Transaction ID: PR2133132919057
	City State Zip Code AURORA CO 80016	Amount of Each Receipt this Period 201.95
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.85 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.95	

C.	Full Name (Last, First, Middle Initial) CHARLES W HANSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4133 WHITE OAK LN	Transaction ID: PR2133133119057
	City State Zip Code EXCELSIOR MN 55331	Amount of Each Receipt this Period 361.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$51.62 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.34	

SUBTOTAL of Receipts This Page (optional)	941.29
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 72
(check only one)

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

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

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

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

Mailing Address 408 22ND ST

City State Zip Code
GOLDEN CO 80401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2133133219057

Amount of Each Receipt this Period
269.22

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

B. Full Name (Last, First, Middle Initial)
NANCY W LITTLEFIELD

Mailing Address 13520 PLEASANT COLONY DR

City State Zip Code
MANASSAS VA 20112

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Hospice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2133133419057

Amount of Each Receipt this Period
280.00

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

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2133133619057

Amount of Each Receipt this Period
245.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **794.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) SUSAN C MORISATO		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 238 ARDMORE ROAD		Transaction ID: PR2133133819057
	City DES PLAINES	State IL	Zip Code 60016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
	Name of Employer UnitedHealth Group, Inc.	Occupation COO Secure Horizons	P/R Deduction (\$150.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 303 ELMWOOD PLACE WEST		Transaction ID: PR2133134219057
	City MINNEAPOLIS	State MN	Zip Code 55419
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Finance	P/R Deduction (\$192.30 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) HELENE S ROYBAL		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11099 HOLLAND CIRCLE		Transaction ID: PR2133134519057
	City EDEN PRAIRIE	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 378.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	2774.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
CYNTHIA A BARNOWSKI

Mailing Address 2380 LAKE LUCY ROAD

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2145728119057

Amount of Each Receipt this Period
201.95

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

B.

Full Name (Last, First, Middle Initial)
MARK F BJORNSON

Mailing Address 2009 NW NORFOLK COURT

City State Zip Code
PORTLAND OR 97229

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2145728219057

Amount of Each Receipt this Period
378.00

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

C.

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

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR2145728419057

Amount of Each Receipt this Period
269.22

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

SUBTOTAL of Receipts This Page (optional) ► **849.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
ROB FARAHANI

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR2145728519057

Amount of Each Receipt this Period 269.22

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

B.

Full Name (Last, First, Middle Initial)
JULIE JOHNSTON

Mailing Address 2606 80TH AVE NE

City MEDINA State WA Zip Code 98039

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR2145728719057

Amount of Each Receipt this Period 269.22

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

C.

Full Name (Last, First, Middle Initial)
CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City STAFFORD State TX Zip Code 77477

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.95

Date of Receipt: M M / D D / Y Y Y Y Y
Transaction ID: PR2145728819057

Amount of Each Receipt this Period 201.95

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

SUBTOTAL of Receipts This Page (optional) ► **740.39**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City IRVINE State CA Zip Code 92603

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Client Mgmt & Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: PR2145729219057

Amount of Each Receipt this Period: 245.00

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

B.

Full Name (Last, First, Middle Initial)
ROBERT P PFOTENHAUER

Mailing Address 4160 TRILLIUM LANE EAST

City MINNETRISTA State MN Zip Code 55364

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

Name of Employer: UnitedHealth Group, Inc. Occupation: President Ovations Part D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: PR2145729419057

Amount of Each Receipt this Period: 700.00

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: PR2145729719057

Amount of Each Receipt this Period: 245.00

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

SUBTOTAL of Receipts This Page (optional) ► **1190.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) DANNETTE L SMITH		Date of Receipt
	Mailing Address 5414 BYSCANE LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	MINNETONKA	MN	55345
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Deputy General Counsel	Transaction ID: PR2145729919057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 807.66	Amount of Each Receipt this Period <input type="text"/> 807.66
			P/R Deduction (\$115.38 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARGARET W WEAR		Date of Receipt
	Mailing Address 21 CRESCENT CITY		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	IRVINE	CA	92602
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Director Actuary - Pricing	Transaction ID: PR2145730219057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	Amount of Each Receipt this Period <input type="text"/> 350.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) GARY E BACHER		Date of Receipt
	Mailing Address 4302 THORNAPPLE ST		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	CHEVY CHASE	MD	20815
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Director Govt Affairs & Compliance	Transaction ID: PR2162866819057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	Amount of Each Receipt this Period <input type="text"/> 350.00
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1507.66
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) SCOTT J FRIES	Date of Receipt
	Mailing Address 16393 MAYFIELD DRIVE	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code EDEN PRAIRIE MN 55347	Transaction ID: PR2162867119057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 538.44
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44	P/R Deduction (\$76.92 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PATRICIA A KAPPAS-LARSON	Date of Receipt
	Mailing Address 157 SUMMIT POINT DRIVE	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code HASTINGS MN 55033	Transaction ID: PR2162867219057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON	Date of Receipt
	Mailing Address 8516 29TH AVE N	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code NEW HOPE MN 55427	Transaction ID: PR2225166719057
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 807.66
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 807.66	P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1696.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE		Date of Receipt
	Mailing Address 7 STRATFORD RD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	FARMINGTON	CT	06032
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Chief Actuary	Transaction ID: PR2225813619057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 403.90	Amount of Each Receipt this Period <input type="text"/> 403.90
			P/R Deduction (\$57.70 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MICHAEL MCGUIRE		Date of Receipt
	Mailing Address 437 DRURY LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	WYCKOFF	NJ	07481
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Health Plan CEO	Transaction ID: PR2225818819057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 403.90	Amount of Each Receipt this Period <input type="text"/> 403.90
			P/R Deduction (\$57.70 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ERIC S RANGEN		Date of Receipt
	Mailing Address 1376 MICHELLE DRIVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	EAGAN	MN	55123
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Senior Vice President	Transaction ID: PR2225819319057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1346.10	Amount of Each Receipt this Period <input type="text"/> 1346.10
			P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2153.90
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 53 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 45 WESTMORELAND LN

City State Zip Code
NAPERVILLE IL 60540

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Client Mgmt & Svc

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2225819619057

Amount of Each Receipt this Period
269.22

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

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

Mailing Address 7705 MONTANE DRIVE

City State Zip Code
COLORADO SPRINGS CO 80920

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2225819719057

Amount of Each Receipt this Period
538.44

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

C. Full Name (Last, First, Middle Initial)
A R WEILER

Mailing Address 4512 EDINA BOULEVARD

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR2225820619057

Amount of Each Receipt this Period
280.00

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

SUBTOTAL of Receipts This Page (optional) ► 1087.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) KAREN A DIPALMO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7533 PRAIRIE VIEW DR	Transaction ID: PR2231347219057
	City INDIANAPOLIS State IN Zip Code 46256	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Care Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) JEFFERY A DROZDA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P O BOX 555	Transaction ID: PR2231347419057
	City WESTFIELD State IN Zip Code 46074	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Public Policy Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) DARRELL S RICHEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7244 TULIPTREE TRAIL	Transaction ID: PR2231352319057
	City INDIANAPOLIS State IN Zip Code 46256	Amount of Each Receipt this Period 560.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	1120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 72
(check only one)

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

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

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

A.

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

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR2247625819057

Amount of Each Receipt this Period
 280.00

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

B.

Full Name (Last, First, Middle Initial)
JOYCE M RUDDOCK

Mailing Address 4 SPLIT ROCK ROAD

City NEWTOWN State CT Zip Code 06470

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR2247626419057

Amount of Each Receipt this Period
 350.00

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

C.

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

Mailing Address 11 CARRIAGE WAY

City WHITE PLAINS State NY Zip Code 10605

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR2247626819057

Amount of Each Receipt this Period
 403.90

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

SUBTOTAL of Receipts This Page (optional) ► **1033.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) DONALD R GINTZIG		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1730 TWELVE OAKS		Transaction ID: PR2247626919057
	City MURFREESBORO	State TN	Zip Code 37127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
	Name of Employer UnitedHealth Group, Inc.	Occupation CEO Military Health Svcs	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90		

B.	Full Name (Last, First, Middle Initial) TIMOTHY B MEYER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 37 OLD KINGS HIGHWAY		Transaction ID: PR2247627219057
	City WILTON	State CT	Zip Code 06897
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
	Name of Employer	Occupation Director Regltry Govt Affairs (RVP)	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 61 LOUGHLIN AVE		Transaction ID: PR2247627319057
	City COS COB	State CT	Zip Code 06807
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
	Name of Employer UnitedHealth Group, Inc.	Occupation Regional Network Mgmt Lead	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90		

SUBTOTAL of Receipts This Page (optional)	▶	1017.80
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO United Retiree Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR2247627419057

Amount of Each Receipt this Period 403.90

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

B.

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

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH State MN Zip Code 55447-3457

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR2247627619057

Amount of Each Receipt this Period 403.90

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

C.

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

Mailing Address 1882 CATKIN CIRCLE

City CHESTERTON State IN Zip Code 46304-9636

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR2247627819057

Amount of Each Receipt this Period 269.22

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

SUBTOTAL of Receipts This Page (optional) ► 1077.02

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

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

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

FOR LINE NUMBER: PAGE 58 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO Ovations Pharmacy Sltns

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

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

Transaction ID: PR2247627919057

Amount of Each Receipt this Period
1346.10

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

B.

Full Name (Last, First, Middle Initial)
PAUL C CONLIN

Mailing Address 50 POLLARD ROAD

City State Zip Code
MOUNTAIN LAKES NJ 07046-1607

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4999.90

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

Transaction ID: PR2259635119057

Amount of Each Receipt this Period
4999.90

P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	6346.00
TOTAL This Period (last page this line number only)	94097.88

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)

A. Full Name (Last, First, Middle Initial)
John D. Dingel for Congress Committee

Mailing Address 9216 Pelham, Suite 101

City Taylor State MI Zip Code 48180

Purpose of Disbursement
Re-election to Congress

Candidate Name
John D. Dingell

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 16

Transaction ID: 27118195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-election to Congress

B. Full Name (Last, First, Middle Initial)
SNOW PAC

Mailing Address 175 South West Temple suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 27118205

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Leadership PAC

C. Full Name (Last, First, Middle Initial)
Friends Of Dick Durbin Committee

Mailing Address 101 West Grand Ave #200

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Re-elect to US Senate

Candidate Name
Sen. Richard Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District:

Transaction ID: 27156761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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) Alexander For Senate 2008 Inc	Transaction ID: 27201291 Date of Disbursement 01 / 28 / 2008
	Mailing Address 228 S Washington Street Suite 115	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Re-election to US Senate Candidate Name Sen. Lamar Alexander Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	Re-election to US Senate

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 27218872 Date of Disbursement 01 / 30 / 2008
	Mailing Address 430 S Capitol	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Leadership Committee Candidate Name Category/Type 011	
	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:	Leadership Committee

C.	Full Name (Last, First, Middle Initial) The Blue Dog PAC	Transaction ID: 27236416 Date of Disbursement 02 / 04 / 2008
	Mailing Address 227 Massachusetts Ave Suite 101	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Candidate Name Category/Type 011	
	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)	21500.00
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

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)

<p>A. Full Name (Last, First, Middle Initial) Citizens For Cochran</p> <p>Mailing Address P O Box 22761</p> <p>City Jackson State MS Zip Code 39225</p> <p>Purpose of Disbursement</p> <p>Candidate Name Thad Cochran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27236417 Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Re-election to Congress</p> <p>Candidate Name Rep. Eric Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27254438 Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Re-election to Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address P.O. Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27255200 Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

A.	Full Name (Last, First, Middle Initial) Dave Camp For Congress <hr/> Mailing Address P.O. Box 423 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement Re-elect to Congress Candidate Name Rep. David Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: 27255618 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement National Political 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:	Transaction ID: 27348904 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	Amount of Each Disbursement this Period 15000.00
C.	Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 6282 Occoquan Forest Dr c/o Lori LaFave <hr/> City Manassas State VA Zip Code 20112 <hr/> Purpose of Disbursement Void - Larson for Congress Candidate Name John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 27648306 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional)		16000.00	
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

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)
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 27348903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Re-elect to Congress

Candidate Name
Rep. Thomas Reynolds

Office Sought: House Senate President

State: NY District: 26

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 27348901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

Re-elect to Congress

C. Full Name (Last, First, Middle Initial)
Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Re-elect to Congress

Candidate Name
Rep. Thomas Reynolds

Office Sought: House Senate President

State: NY District: 26

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 27348902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)

<p>A. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address P. O. Box 3498</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement Re-elect to Senate</p> <p>Candidate Name Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27348908</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <p>Re-elect to Senate</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	5	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	5	/	2	0	0	8													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Clarke For Congress</p> <p>Mailing Address PO Box 250200</p> <p>City Brooklyn State NY Zip Code 11225</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Yvette Clarke</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27348906</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>Re-elect to Congress</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	5	/	2	0	0	8	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	5	/	2	0	0	8													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) Enzi for Senate</p> <p>Mailing Address P.O. Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement Re-election to US Senate</p> <p>Candidate Name Michael B. Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WY District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27388331</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> <p>Re-election to US Senate</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	0	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	0	/	2	0	0	8													
2000.00																						

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

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27388333</p> <p>Date of Disbursement 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Michael Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27388332</p> <p>Date of Disbursement 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) John Kerry For Senate</p> <p>Mailing Address 10 G Street Ne Suite 710</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Re-election to US Senate</p> <p>Candidate Name Sen. John Kerry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27388336</p> <p>Date of Disbursement 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Senate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)

<p>A. Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc</p> <p>Mailing Address 6850 Austin Centre Blvd Suite 180</p> <p>City Austin State TX Zip Code 78731</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. John Cornyn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27388364 Date of Disbursement 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Senate</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Congress</p> <p>Mailing Address Post Office Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement Re-Elect to Congress</p> <p>Candidate Name Rep. Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27396267 Date of Disbursement 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-Elect to Congress</p>
<p>C. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address PMB 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94101</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27452919 Date of Disbursement 03 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Keystone Leaders PAC</p> <p>Mailing Address P.O. Box 506</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement Representative Sam Smith - 66</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27118198</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Representative Sam Smith - 66</p>
<p>B. Full Name (Last, First, Middle Initial) Armstrong for Senate Committee</p> <p>Mailing Address 129 Augusta Drive</p> <p>City Annville State PA Zip Code 17003</p> <p>Purpose of Disbursement Void - Armstrong for Senate Committee</p> <p>Candidate Name Senator Gibson Armstrong</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27648304</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-500.00"/></p> <p>Void - Armstrong for Senate Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Montana Democratic Party</p> <p>Mailing Address PO Box 802</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Brian Schweitzer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27350557</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Brian Schweitzer</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)

<p>A. Full Name (Last, First, Middle Initial) John Davis Campaign</p> <p>Mailing Address 14807 Tumbling Falls</p> <p>City Houston State TX Zip Code 77062</p> <p>Purpose of Disbursement John Davis, STATE HOUSE 129 TX</p> <p>Candidate Name Representa John Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27358767</p> <p>Date of Disbursement 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>John Davis, STATE HOUSE 129 TX</p>
<p>B. Full Name (Last, First, Middle Initial) The Tommy Williams Campaign</p> <p>Mailing Address P.O. Box 8069</p> <p>City The Woodlands State TX Zip Code 77387</p> <p>Purpose of Disbursement Tommy Williams, STATE SENATE 4th TX</p> <p>Candidate Name TX Sen. Tommy Williams</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27358007</p> <p>Date of Disbursement 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Tommy Williams, STATE SEN- ATE 4th TX</p>
<p>C. Full Name (Last, First, Middle Initial) Charlie Howard Campaign</p> <p>Mailing Address 9300 US Highway 90A</p> <p>City Sugar Land State TX Zip Code 77478</p> <p>Purpose of Disbursement Charles Howard, STATE HOUSE 26 TX</p> <p>Candidate Name Representa Charles Howard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27358037</p> <p>Date of Disbursement 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Charles Howard, STATE HOU- SE 26 TX</p>

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)

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

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

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

A.	Full Name (Last, First, Middle Initial) The Dawнна Dukes Campaign Mailing Address P.O. Box 2910 City Austin State TX Zip Code 78768 Purpose of Disbursement Dawнна Dukes, STATE HOUSE 46 TX Candidate Name Representa Dawнна Dukes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 46	Transaction ID: 27358033 Date of Disbursement 02 / 26 / 2008 Amount of Each Disbursement this Period 500.00 Dawнна Dukes, STATE HOUSE 46 TX
B.	Full Name (Last, First, Middle Initial) Rene Oliveira Campaign Mailing Address 855 West Price Road Suite 9 City Brownsville State TX Zip Code 78520 Purpose of Disbursement Rene Oliveira, STATE HOUSE 37 TX Candidate Name Representa Rene Oliveira Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 37	Transaction ID: 27358290 Date of Disbursement 02 / 26 / 2008 Amount of Each Disbursement this Period 250.00 Rene Oliveira, STATE HOUSE 37 TX
C.	Full Name (Last, First, Middle Initial) Aaron Pena Campaign Mailing Address 1108 South Closner Blvd. City Edinburg State TX Zip Code 78539 Purpose of Disbursement Aaron Pena, STATE HOUSE 40 TX Candidate Name TX Rep. Aaron Pena Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 40	Transaction ID: 27358761 Date of Disbursement 02 / 26 / 2008 Amount of Each Disbursement this Period 500.00 Aaron Pena, STATE HOUSE 40 TX

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

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)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Carol Alvarado Campaign</p> <p>Mailing Address P.O. Box 1562</p> <p>City Houston State TX Zip Code 77251</p> <p>Purpose of Disbursement Carol Alvarado, STATE HOUSE 145 TX</p> <p>Candidate Name Carol Alvarado</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 45</p>	<p>Transaction ID: 27358774</p> <p>Date of Disbursement 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Carol Alvarado, STATE HOUSE 145 TX</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bishop Majority Fund</p> <p>Mailing Address State Capitol PO Box 30038</p> <p>City Lansing State MI Zip Code 48909-7536</p> <p>Purpose of Disbursement Michael Bishop, STATE SENATE 12th MI</p> <p>Candidate Name MI Sen. Michael Bishop</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District:</p>	<p>Transaction ID: 27570898</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Michael Bishop, STATE SENATE 12th MI</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Senator Don White</p> <p>Mailing Address PO Box 363</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement Donald White, STATE SENATE 41 PA</p> <p>Candidate Name Senator Donald White</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District:</p>	<p>Transaction ID: 27570905</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Donald White, STATE SENATE 41 PA</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 72

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City State Zip Code
Lansing MI 48901

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27570926

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

12000.00