

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2008"/> | | <input type="text" value="243715.76"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="243715.76"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="132089.83"/> | <input type="text" value="132089.83"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="375805.59"/> | <input type="text" value="375805.59"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="105000.00"/> | <input type="text" value="105000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="270805.59"/> | <input type="text" value="270805.59"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 94097.88 | 94097.88 |
| (ii) Unitemized | 29919.75 | 29919.75 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 124017.63 | 124017.63 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 124017.63 | 124017.63 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 8072.20 | 8072.20 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 132089.83 | 132089.83 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 132089.83 | 132089.83 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 93000.00 | 93000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 12000.00 | 12000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 105000.00 | 105000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 105000.00 | 105000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 72 |
| | (check only one) | |
| <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. HOVERMAN, KEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159790919057
 Amount of Each Receipt this Period 210.00
 Memo Item
 15

B. SHEEHY, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159794019057
 Amount of Each Receipt this Period 1330.00
 Memo Item
 15

C. KOEHLER, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159795319057
 Amount of Each Receipt this Period 280.00
 Memo Item
 15

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

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

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

FOR LINE NUMBER: PAGE 7 OF 72
(check only one)

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

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

A. WHITELY, WILLIAM P, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159812619057

Amount of Each Receipt this Period
1346.10

Memo Item
15

B. COOK, WAYNE F, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159812819057

Amount of Each Receipt this Period
269.22

Memo Item
15

C. LINDQUIST, THOMAS H, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1076.88

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159814119057

Amount of Each Receipt this Period
1076.88

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 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: | PAGE 8 OF 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 |

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

A. WICHMANN, DAVID S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1159814719057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. ERLANDSON, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1159815919057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. SAURO, PATRICIA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C United HealthGroup, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 Transaction ID : **PR1159816419057**
 Amount of Each Receipt this Period 700.00
 Memo Item
 15

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

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

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

FOR LINE NUMBER: PAGE 9 OF 72
(check only one)

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

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

A. MUNSELL, WILLIAM A, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159816619057

Amount of Each Receipt this Period
700.00

Memo Item
15

B. PENSHORN, JOHN S, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159816919057

Amount of Each Receipt this Period
700.00

Memo Item
15

C. KALLMEYER, PAUL D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159817419057

Amount of Each Receipt this Period
245.00

Memo Item
15

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

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

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

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

A. MCMILLAN, SHEILA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1159817519057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. MACH JR, JOHN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1169.00

Date of Receipt
 Transaction ID : **PR1159817619057**
 Amount of Each Receipt this Period 1169.00
 Memo Item
 15

C. LINDSAY, MARK F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1159818619057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 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 |

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

A. QUIRK, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1159819119057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. KNAPP, AMY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 Transaction ID : **PR1159819319057**
 Amount of Each Receipt this Period 807.66
 Memo Item
 15

C. MOELLER, WILLIAM E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 Transaction ID : **PR1159819519057**
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

| | |
|---|---------|
| 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: (check only one) | PAGE 12 OF 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 |

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

A. TUCKSON, REED V, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 Transaction ID : **PR1159819819057**
 Amount of Each Receipt this Period 807.66
 Memo Item
 15

B. YOUNG, WILLIAM D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.15

Date of Receipt
 Transaction ID : **PR1159821319057**
 Amount of Each Receipt this Period 269.15
 Memo Item
 15

C. TRACY, WILLIAM C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 Transaction ID : **PR1159821519057**
 Amount of Each Receipt this Period 403.90
 Memo Item
 15

| | |
|---|---------|
| 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 13 OF 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 |

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

A. SCHNEEWEIS, CAROL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159823519057
 Amount of Each Receipt this Period 210.00
 Memo Item
 15

B. GEMEINHARDT, ELISE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159824919057
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

C. MIGLIORI, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1159827419057
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1286.88
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. RIVET, JEANNINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1159830019057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. WINTERS, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR1159840419057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

C. SEGAN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR1159841219057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2102.10 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 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 |

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

A. WELTERS, ANTHONY, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1332013219057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. KIRCHNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1530190519057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

C. ROBINSON, LESLIE GIDDENS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 Transaction ID : **PR1530798319057**
 Amount of Each Receipt this Period 807.66
 Memo Item
 15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 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 |

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

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CHASKES, DEBORAH MATES, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1530798519057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 700.00 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 700.00 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DUGGIN, THELMA, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1530799219057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 1346.01 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 1346.01 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ASTAR, DAVID R, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1551005119057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 769.20 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 769.20 | | |

| | |
|---|------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text"/> 2815.21 |
| 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 17 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BOHNENKAMP, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1551005619057
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. HEADY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1551122519057
 Amount of Each Receipt this Period 280.00
 Memo Item
 15

C. JARRATT, JAMES THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1551132119057
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1895.32
TOTAL This Period (last page this line number only).....▶

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

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

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

A. KNUTSON, JERRY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1551132519057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. VALERIUS, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 Transaction ID : **PR1551161319057**
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

C. WEIHRAUCH, LOIS T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR1551161419057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 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 |

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

A. ENDERLE, JOHN O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 Transaction ID : **PR1554323519057**
 Amount of Each Receipt this Period 385.00
 Memo Item
 15

B. JELINEK, RICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1554323919057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. STAPLETON, KIRK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 Transaction ID : **PR1554324719057**
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

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

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

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

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

A. FASOLA, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1557899819057
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

B. ERICKSON, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1575957619057
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. MONFILETTO, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1575958119057
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3230.64 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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

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

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

A. VALENTA, LEE D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

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

Amount of Each Receipt this Period
1346.10

Memo Item
15

B. PAUL, THOMAS S, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

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

Amount of Each Receipt this Period
269.22

Memo Item
15

C. WEBB, ROB, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1346.10

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

Amount of Each Receipt this Period
1346.10

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2961.42 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 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 | |

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

A. WEISSENBORN, JOSEPH O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 Transaction ID : **PR1580865419057**
 Amount of Each Receipt this Period 595.00
 Memo Item
 15

B. GULSTRAND, PAUL H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1596304019057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. MASSEY, GAYE ADAMS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 Transaction ID : **PR1596304519057**
 Amount of Each Receipt this Period 807.66
 Memo Item
 15

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 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. MCDONNELL, MICHAEL JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt
 Transaction ID : **PR1596304719057**
 Amount of Each Receipt this Period 1078.00
 Memo Item
 15

B. MIKAN III, GEORGE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1596304819057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. MORNESS, CAROL B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1596304919057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2693.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 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 | |

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

A. LEWIS, THOMAS D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1596306919057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. OBERRENDER, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt
 Transaction ID : **PR1596307019057**
 Amount of Each Receipt this Period 203.00
 Memo Item
 15

C. BEHNKE, LISA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 Transaction ID : **PR1596309819057**
 Amount of Each Receipt this Period 700.00
 Memo Item
 15

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

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

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

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

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GILES, RANDY P, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1596313219057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 269.22 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 269.22 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAWLEY, EDWARD J, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1596313619057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 269.22 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 269.22 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KARTSONIS, NANETTE R, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR1596314619057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 245.00 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 245.00 | | |

| | |
|---|-----------------------------|
| 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: (check only one) | PAGE 26 OF 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 |

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

A. LAGERSTROM, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1596315019057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. LUKAS, JEANNE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1596315319057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

C. RODGERS, STEPHAN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1596317119057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1884.54
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 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 | |

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

A. RUTH, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 Transaction ID : **PR1596317419057**
 Amount of Each Receipt this Period 525.00
 Memo Item
 15

B. EDWARDS, MARGUERITE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1600597419057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

C. SANDY, LEWIS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 Transaction ID : **PR1600598719057**
 Amount of Each Receipt this Period 455.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1249.22
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 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 | |

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

A. PETERSON, MATTHEW W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 Transaction ID : **PR1602669919057**
 Amount of Each Receipt this Period 280.00
 Memo Item
 15

B. MALONEY, JEFF W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt
 Transaction ID : **PR1613243519057**
 Amount of Each Receipt this Period 673.05
 Memo Item
 15

C. FINKELSTEIN, ALLEN LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1620989019057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1222.27 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 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 | |

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

A. WALLER, DANIEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 Transaction ID : **PR1632360019057**
 Amount of Each Receipt this Period 403.90
 Memo Item
 15

B. KOOREN, STEVE R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 Transaction ID : **PR1653443219057**
 Amount of Each Receipt this Period 403.83
 Memo Item
 15

C. BELLAMY, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 Transaction ID : **PR1653444319057**
 Amount of Each Receipt this Period 403.90
 Memo Item
 15

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 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 | |

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

A. LARKIN, JOYCE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 Transaction ID : **PR1677771619057**
 Amount of Each Receipt this Period 538.44
 Memo Item
 15

B. SNOWDEN, MILES S, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1746717819057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. KOUTSOUMPAS JR, JOHN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR1748514519057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3230.64 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 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 | |

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

A. BAYER, GREGORY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 Transaction ID : **PR1806750219057**
 Amount of Each Receipt this Period 420.00
 Memo Item
 15

B. EMERSON, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR1806750319057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

C. BODE, HOLLY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt
 Transaction ID : **PR1817581119057**
 Amount of Each Receipt this Period 269.50
 Memo Item
 15

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 958.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 72 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. PINOTTI, SHERRI C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1832039819057
 Amount of Each Receipt this Period
 201.95
 Memo Item
 15

B. BERGERON, CHRISTIAN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 403.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1832301919057
 Amount of Each Receipt this Period
 403.90
 Memo Item
 15

C. LEDELL, MICHELLE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1882850619057
 Amount of Each Receipt this Period
 280.00
 Memo Item
 15

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 885.85 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 33 OF 72 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. ANDERSON, CATHERINE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1903550719057
 Amount of Each Receipt this Period 403.90
 Memo Item
 15

B. EDBERG, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR1903578119057
 Amount of Each Receipt this Period 700.00
 Memo Item
 15

C. ACONIS, MARY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119466419057
 Amount of Each Receipt this Period 210.00
 Memo Item
 15

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 OF 72 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. ADDIEGO, JOSEPH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 Transaction ID : **PR2119466619057**
 Amount of Each Receipt this Period 672.00
 Memo Item
 15

B. AHWAH, GARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 Transaction ID : **PR2119466719057**
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

C. BERKEL, SUSAN LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
 Transaction ID : **PR2119468119057**
 Amount of Each Receipt this Period 1344.00
 Memo Item
 15

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 35 OF 72 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CARTER, LESLIE J, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2119470319057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 672.00 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 672.00 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. COATS, HAROLD, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2119471019057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 350.00 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 350.00 | | |

| | | |
|---|-------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CORREIA, RANDELL J, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2119471319057 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text"/> 210.00 |
| Occupation (for Individual) | | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | 15 |
| Aggregate Year-to-Date ▼ <input type="text"/> 210.00 | | |

| | |
|---|------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text"/> 1232.00 |
| 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 36 OF 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. DILWEG, ANDREA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt
 Transaction ID : **PR2119472919057**
 Amount of Each Receipt this Period 259.00
 Memo Item
 15

B. FLUITT, BRADLEY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 Transaction ID : **PR2119474119057**
 Amount of Each Receipt this Period 210.00
 Memo Item
 15

C. GIAMBRONE, ANGELO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 Transaction ID : **PR2119475119057**
 Amount of Each Receipt this Period 420.00
 Memo Item
 15

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 889.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 37 OF 72
(check only one)

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

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

A. GUINN, JOE L, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

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

Transaction ID : PR2119476219057

Amount of Each Receipt this Period
420.00

Memo Item
15

B. HANSEN, DAVID M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
945.00

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

Transaction ID : PR2119476719057

Amount of Each Receipt this Period
945.00

Memo Item
15

C. HO, SAMUEL W, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

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

Transaction ID : PR2119477919057

Amount of Each Receipt this Period
700.00

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2065.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 38 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JONES, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119479219057
 Amount of Each Receipt this Period 672.00
 Memo Item
 15

B. KANNE, KATHLEEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119479619057
 Amount of Each Receipt this Period 210.00
 Memo Item
 15

C. MALLORY, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119482619057
 Amount of Each Receipt this Period 672.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1554.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 39 OF 72 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MCKINLEY, PETER W, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119483719057

Amount of Each Receipt this Period
525.00

Memo Item
15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MILBURN, CHARLEEN M, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119483919057

Amount of Each Receipt this Period
455.00

Memo Item
15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MONK, NANCY J, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2119484319057

Amount of Each Receipt this Period
350.00

Memo Item
15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 40 OF 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. NEURURER, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR2119484919057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

B. PAQUE, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 Transaction ID : **PR2119485519057**
 Amount of Each Receipt this Period 224.00
 Memo Item
 15

C. PITTMAN, AUSTIN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt
 Transaction ID : **PR2119486719057**
 Amount of Each Receipt this Period 945.00
 Memo Item
 15

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 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. POLICH, CYNTHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 Transaction ID : **PR2119486819057**
 Amount of Each Receipt this Period 700.00
 Memo Item
 15

B. TANIGAWA, CHERYL, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 Transaction ID : **PR2119491119057**
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

C. TUCKER, PATTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 Transaction ID : **PR2119491919057**
 Amount of Each Receipt this Period 672.00
 Memo Item
 15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 42 OF 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. TUCKER, STEVEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 Transaction ID : **PR2119492019057**
 Amount of Each Receipt this Period 672.00
 Memo Item
 15

B. VANASTEN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 Transaction ID : **PR2119492619057**
 Amount of Each Receipt this Period 280.00
 Memo Item
 15

C. DONOHOE, CYNTHIA K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR2133132719057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1221.22 |
| TOTAL This Period (last page this line number only)..... | |

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

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

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

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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. DUFFIELD, ELLEN M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2133132819057

Amount of Each Receipt this Period
378.00

Memo Item
15

B. FORD, PATRICIA A, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2133132919057

Amount of Each Receipt this Period
201.95

Memo Item
15

C. HANSON, CHARLES W, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
361.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2133133119057

Amount of Each Receipt this Period
361.34

Memo Item
15

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

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

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

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

A. HULTGREN, BROR O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR2133133219057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. LITTLEFIELD, NANCY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 Transaction ID : **PR2133133419057**
 Amount of Each Receipt this Period 280.00
 Memo Item
 15

C. MILLER, ALLEN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 Transaction ID : **PR2133133619057**
 Amount of Each Receipt this Period 245.00
 Memo Item
 15

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 794.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 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. MORISATO, SUSAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 Transaction ID : **PR2133133819057**
 Amount of Each Receipt this Period 1050.00
 Memo Item
 15

B. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 Transaction ID : **PR2133134219057**
 Amount of Each Receipt this Period 1346.10
 Memo Item
 15

C. ROYBAL, HELENE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR2133134519057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 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 |

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

A. BARNOWSKI, CYNTHIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.95

Date of Receipt
 Transaction ID : **PR2145728119057**
 Amount of Each Receipt this Period 201.95
 Memo Item
 15

B. BJORNSON, MARK F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 Transaction ID : **PR2145728219057**
 Amount of Each Receipt this Period 378.00
 Memo Item
 15

C. FALKENBERG, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 Transaction ID : **PR2145728419057**
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 849.17 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 47 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. FARAHANI, ROB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145728519057
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

B. JOHNSTON, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145728719057
 Amount of Each Receipt this Period 269.22
 Memo Item
 15

C. KIDD, CARL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 201.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145728819057
 Amount of Each Receipt this Period 201.95
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 740.39
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 48 OF 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 |

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

A. MILLER, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145729219057
 Amount of Each Receipt this Period 245.00
 Memo Item
 15

B. PFOTENHAUER, ROBERT P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145729419057
 Amount of Each Receipt this Period 700.00
 Memo Item
 15

C. SCHWARZ, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID : PR2145729719057
 Amount of Each Receipt this Period 245.00
 Memo Item
 15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1190.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | |
|---|--------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 OF 72 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. SMITH, DANNETTE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 Transaction ID : **PR2145729919057**
 Amount of Each Receipt this Period 807.66
 Memo Item
 15

B. WEAR, MARGARET W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 Transaction ID : **PR2145730219057**
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

C. BACHER, GARY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 Transaction ID : **PR2162866819057**
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1507.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 50 OF 72
(check only one)

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

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. FRIES, SCOTT J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.44

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

Transaction ID : PR2162867119057

Amount of Each Receipt this Period
538.44

Memo Item
15

B. KAPPAS-LARSON, PATRICIA A, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID : PR2162867219057

Amount of Each Receipt this Period
350.00

Memo Item
15

C. GIBSON, CHRISTINE W, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
807.66

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

Transaction ID : PR2225166719057

Amount of Each Receipt this Period
807.66

Memo Item
15

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

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

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

FOR LINE NUMBER: PAGE 51 OF 72
(check only one)

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

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

A. BEAULE, JEAN-FRANCOIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2225813619057

Amount of Each Receipt this Period
403.90

Memo Item
15

B. MCGUIRE, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2225818819057

Amount of Each Receipt this Period
403.90

Memo Item
15

C. RANGEN, ERIC S, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2225819319057

Amount of Each Receipt this Period
1346.10

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2153.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 52 OF 72
(check only one)

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

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

A. RYAN, JOHN D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

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

Amount of Each Receipt this Period
269.22

Memo Item
15

B. SAILOR, ROY T, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.44

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

Amount of Each Receipt this Period
538.44

Memo Item
15

C. WEILER, A R, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

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

Amount of Each Receipt this Period
280.00

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1087.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 53 OF 72
(check only one)

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DIPALMO, KAREN A, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2231347219057

Amount of Each Receipt this Period
210.00

Memo Item
15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DROZDA, JEFFERY A, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2231347419057

Amount of Each Receipt this Period
350.00

Memo Item
15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. RICHEY, DARRELL S, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
560.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2231352319057

Amount of Each Receipt this Period
560.00

Memo Item
15

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

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

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

FOR LINE NUMBER: PAGE 54 OF 72
(check only one)

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

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

A. CONNLY, MICHAEL R, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

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

Transaction ID : PR2247625819057

Amount of Each Receipt this Period
280.00

Memo Item
15

B. RUDDOCK, JOYCE M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID : PR2247626419057

Amount of Each Receipt this Period
350.00

Memo Item
15

C. CARCIONE JR, JOSEPH R, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** UnitedHealth Group, Inc.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
403.90

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

Transaction ID : PR2247626819057

Amount of Each Receipt this Period
403.90

Memo Item
15

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1033.90 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 55 OF 72 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GINTZIG, DONALD R, , , | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| Mailing Address 9900 Bren Road East | | Transaction ID : PR2247626919057 |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Amount of Each Receipt this Period 403.90 |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 403.90 | 15 |

| | | |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MEYER, TIMOTHY B, , , | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| Mailing Address 9900 Bren Road East | | Transaction ID : PR2247627219057 |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 210.00 |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | 15 |

| | | |
|---|------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'BRIEN, DENNIS P, , , | | Date of Receipt M M / D D / Y Y Y Y Y Y |
| Mailing Address 9900 Bren Road East | | Transaction ID : PR2247627319057 |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Amount of Each Receipt this Period 403.90 |
| Name of Employer (for Individual) | Occupation (for Individual) | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 403.90 | 15 |

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

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

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

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

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. VERNEY, JEFFERY RICHARD, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2247627419057 |
| Name of Employer (for Individual) | Occupation (for Individual) | Amount of Each Receipt this Period <input type="text"/> 403.90 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 403.90 | <input type="checkbox"/> Memo Item 15 |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BROOKS, DARRELL, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2247627619057 |
| Name of Employer (for Individual) | Occupation (for Individual) | Amount of Each Receipt this Period <input type="text"/> 403.90 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 403.90 | <input type="checkbox"/> Memo Item 15 |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GARODIA, SANJAY, , , | | Date of Receipt |
| Mailing Address 9900 Bren Road East | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Minnetonka | State MN | Zip Code 55343-9664 |
| FEC ID number of contributing federal political committee. C UnitedHealth Group, Inc. | | Transaction ID : PR2247627819057 |
| Name of Employer (for Individual) | Occupation (for Individual) | Amount of Each Receipt this Period <input type="text"/> 269.22 |
| 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="checkbox"/> Memo Item 15 |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> 1077.02 |
| 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 57 OF 72 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KOSECOFF, JACQUELINE B, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2247627919057

Amount of Each Receipt this Period
1346.10

Memo Item
15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CONLIN, PAUL C, , ,

Mailing Address 9900 Bren Road East

| | | |
|--------------------|-------------|------------------------|
| City Minnetonka | State MN | Zip Code 55343-9664 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C UnitedHealth Group, Inc.**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID : PR2259635119057

Amount of Each Receipt this Period
4999.90

Memo Item
15

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Golden Rule Financial Corporation - Political Action Committee

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343-9664

FEC ID number of contributing federal political committee. **C** C00231407

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 8072.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2008

Transaction ID : 27648285

Amount of Each Receipt this Period
 8072.20

Memo Item
 18U

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8072.20 |
| TOTAL This Period (last page this line number only).....▶ | 8072.20 |

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. John D. Dingel for Congress Committee

Mailing Address 9216 Pelham, Suite 101

City Taylor State MI Zip Code 48180

Purpose of Disbursement
Re-election to Congress

011
Category/
Type

Candidate Name

, Dingell, John D., ,

Office Sought: House Senate President
State: H District: MI

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2008

FEC Identification Number

C [REDACTED]

Transaction ID : 27118195

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SNOW PAC

Mailing Address 175 South West Temple suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Leadership PAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2008

FEC Identification Number

C C00392621

Transaction ID : 27118205

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dick Durbin Committee

Mailing Address 101 West Grand Ave #200

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Re-elect to US Senate

011
Category/
Type

Candidate Name

, Durbin, Richard, , Sen.

Office Sought: House Senate President
State: S District: IL

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2008

FEC Identification Number

C C00148999

Transaction ID : 27156761

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7000.00

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

[REDACTED]

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A. Alexander For Senate 2008 Inc

Full Name (Last, First, Middle Initial)

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement: Re-election to US Senate

Candidate Name: , Alexander, Lamar, , Sen.

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: S District: TN

Date of Disbursement: 01 / 28 / 2008

FEC Identification Number: C00383745

Transaction ID : 27201291

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 430 S Capitol

City Washington State DC Zip Code 20003

Purpose of Disbursement: Leadership Committee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2008

FEC Identification Number: C

Transaction ID : 27218872

Amount of Each Disbursement this Period: 15000.00

Memo Item

C. The Blue Dog PAC

Full Name (Last, First, Middle Initial)

Mailing Address 227 Massachusetts Ave Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2008

FEC Identification Number: C00305318

Transaction ID : 27236416

Amount of Each Disbursement this Period: 5000.00

Memo Item

| | |
|--|----------|
| 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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens For Cochran

Mailing Address P O Box 22761

City
Jackson

State
MS

Zip Code
39225

Purpose of Disbursement

011

Category/
Type

Candidate Name

, Cochran, Thad, ,

Office Sought:

| | |
|--------------------------|-----------|
| <input 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: S

District: MS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 04 | / | 2008 |

FEC Identification Number

C C00091892

Transaction ID : 27236417

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

Re-election to Congress

011

Category/
Type

Candidate Name

, Cantor, Eric, , Rep.

Office Sought:

| | |
|--------------------------|-----------|
| <input 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: H

District: VA

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 11 | / | 2008 |

FEC Identification Number

C C00355461

Transaction ID : 27254438

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address P.O. Box 423

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

Re-elect to Congress

011

Category/
Type

Candidate Name

, Camp, David, , Rep.

Office Sought:

| | |
|--------------------------|-----------|
| <input 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: H

District: MI

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 11 | / | 2008 |

FEC Identification Number

C C00347476

Transaction ID : 27255200

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address P.O. Box 423

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

, Camp, David, , Rep.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: H

District: MI

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2008

FEC Identification Number

C C00347476

Transaction ID : 27255618

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

National Political Campaign Committee

011

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2008

FEC Identification Number

C

Transaction ID : 27348904

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson for Congress

Mailing Address 6282 Occoquan Forest Dr
c/o Lori LaFave

City
Manassas

State
VA

Zip Code
20112

Purpose of Disbursement

Void - Larson for Congress

011

Candidate Name

, Larson, John B., ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: H

District: CT

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2008

FEC Identification Number

C

Transaction ID : 27648306

Amount of Each Disbursement this Period

- 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

16000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2008

FEC Identification Number

C []

Transaction ID : 27348903

Amount of Each Disbursement this Period

[] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement

Re-elect to Congress

011

Category/
Type

Candidate Name

, Reynolds, Thomas, , Rep.

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify)

State: H

District: NY

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2008

FEC Identification Number

C C00336065

Transaction ID : 27348901

Amount of Each Disbursement this Period

[] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement

Re-elect to Congress

011

Category/
Type

Candidate Name

, Reynolds, Thomas, , Rep.

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: H

District: NY

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2008

FEC Identification Number

C C00336065

Transaction ID : 27348902

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 24000.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address P. O. Box 3498

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement

Re-elect to Senate

011

Candidate Name

, Wyden, Ron, ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: S

District: OR

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 27348908

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address PO Box 250200

City
Brooklyn

State
NY

Zip Code
11225

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

, Clarke, Yvette, , Rep.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify)

State: H

District: NY

Date of Disbursement

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

FEC Identification Number

C C00415331

Transaction ID : 27348906

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Enzi for Senate

Mailing Address P.O. Box 2775

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement

Re-election to US Senate

011

Candidate Name

, Enzi, Michael B., ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: S

District: WY

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 27388331

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City
Washington

State
DC

Zip Code
20013-5214

Purpose of Disbursement
Re-elect to US Congress

011

Category/
Type

Candidate Name

, Pomeroy, Earl, ,

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: H District: ND

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 27388333

Amount of Each Disbursement this Period

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| | | | | | | | | | 1000.00 |

Memo Item

Full Name (Last, First, Middle Initial)

B. Rogers For Congress

Mailing Address Post Office Box 581

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement
Re-elect to US Congress

011

Category/
Type

Candidate Name

, Rogers, Michael, , Rep.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify)

State: H District: MI

Date of Disbursement

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

FEC Identification Number

C C00343863

Transaction ID : 27388332

Amount of Each Disbursement this Period

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| | | | | | | | | | 1000.00 |

Memo Item

Full Name (Last, First, Middle Initial)

C. John Kerry For Senate

Mailing Address 10 G Street Ne
Suite 710

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Re-election to US Senate

011

Category/
Type

Candidate Name

, Kerry, John, , Sen.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: S District: MA

Date of Disbursement

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

FEC Identification Number

C C00408088

Transaction ID : 27388336

Amount of Each Disbursement this Period

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| [] | [] | [] | [] | [] | [] | [] | [] | [] | [] |
| | | | | | | | | | 1000.00 |

Memo Item

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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Texans For Senator John Cornyn Inc | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2008 |
| Mailing Address 6850 Austin Centre Blvd Suite 180 | | FEC Identification Number C00369033 Transaction ID : 27388364 |
| City Austin | State TX | Zip Code 78731 |
| Purpose of Disbursement Re-elect to US Senate | | Category/Type 011 |
| Candidate Name , Cornyn, John, , Sen. | | Amount of Each Disbursement this Period 2000.00 |
| Office Sought: <input 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: S District: TX | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Artur Davis To Congress | | Date of Disbursement MM / DD / YYYY 03 / 11 / 2008 |
| Mailing Address Post Office Box 1845 | | FEC Identification Number C00347872 Transaction ID : 27396267 |
| City Birmingham | State AL | Zip Code 35201 |
| Purpose of Disbursement Re-Elect to Congress | | Category/Type 011 |
| Candidate Name , Davis, Artur, , Rep. | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input 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: H District: AL | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. PAC to the Future | | Date of Disbursement MM / DD / YYYY 03 / 18 / 2008 |
| Mailing Address PMB 3230 268 Bush Street | | FEC Identification Number C00344234 Transaction ID : 27452919 |
| City San Francisco | State CA | Zip Code 94101 |
| Purpose of Disbursement Leadership PAC | | Category/Type 011 |
| Candidate Name | | Amount of Each Disbursement this Period 5000.00 |
| 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: | <input type="checkbox"/> Memo Item | |

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Tim Burns For Congress

Mailing Address 3500 North Causeway Blvd Suite 820

City Metairie State LA Zip Code 70002

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

, Burns, Timothy, , Mr.

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: H District: LA

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 25 | | 2008 |

FEC Identification Number

C C00440818

Transaction ID : 27496664

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Udall For Congress

Mailing Address 777 29th Street Suite 100

City Boulder State CO Zip Code 80303

Purpose of Disbursement

Re-elect to US Senate

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

, Udall, Mark, ,

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: H District: CO

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2008 |

FEC Identification Number

C

Transaction ID : 27570887

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

| |
|-------------------|
| |
| Category/ Type |

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
|-------|---|-------|---|-----------|

FEC Identification Number

C

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

| |
|---------|
| 2000.00 |
|---------|

| |
|----------|
| 93000.00 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Keystone Leaders PAC

Mailing Address P.O. Box 506

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement
Representative Sam Smith - 66

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27118198
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Armstrong for Senate Committee

Mailing Address 129 Augusta Drive

City
Annville

State
PA

Zip Code
17003

Purpose of Disbursement
Void - Armstrong for Senate Committee

Category/
Type

Candidate Name
, Armstrong, Gibson, , Senator

Office Sought: House
 Senate
 President
State: S District: PA

Disbursement For: 2008
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27648304
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Montana Democratic Party

Mailing Address PO Box 802

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
Brian Schweitzer

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27350557
Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. John Davis Campaign

Mailing Address 14807 Tumbling Falls

City
Houston

State
TX

Zip Code
77062

Purpose of Disbursement
John Davis, STATE HOUSE 129 TX

011
Category/
Type

Candidate Name
, Davis, John, , Representa

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: H District: TX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 26 | / | 2008 |

FEC Identification Number

C []
Transaction ID : 27358767
Amount of Each Disbursement this Period
[] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Tommy Williams Campaign

Mailing Address P.O. Box 8069

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement
Tommy Williams, STATE SENATE 4th TX

011
Category/
Type

Candidate Name
, Williams, Tommy, , TX Sen.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify)

State: S District: TX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 26 | / | 2008 |

FEC Identification Number

C []
Transaction ID : 27358007
Amount of Each Disbursement this Period
[] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Charlie Howard Campaign

Mailing Address 9300 US Highway 90A

City
Sugar Land

State
TX

Zip Code
77478

Purpose of Disbursement
Charles Howard, STATE HOUSE 26 TX

011
Category/
Type

Candidate Name
, Howard, Charles, , Representa

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: H District: TX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 26 | / | 2008 |

FEC Identification Number

C []
Transaction ID : 27358037
Amount of Each Disbursement this Period
[] 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

| |
|---------|
| 4500.00 |
| [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. The 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

011
Category/
Type

Candidate Name
, Dukes, Dawнна, , Representa

Office Sought: House
 Senate
 President
State: H District: TX

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2008

FEC Identification Number

C
Transaction ID : 27358033
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rene Oliveira Campaign

Mailing Address 855 West Price Road
Suite 9

City
Brownsville

State
TX

Zip Code
78520

Purpose of Disbursement
Rene Oliveira, STATE HOUSE 37 TX

011
Category/
Type

Candidate Name
, Oliveira, Rene, , Representa

Office Sought: House
 Senate
 President
State: H District: TX

Disbursement For: 2008
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2008

FEC Identification Number

C
Transaction ID : 27358290
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aaron Pena Campaign

Mailing Address 1108 South Closner Blvd.

City
Edinburg

State
TX

Zip Code
78539

Purpose of Disbursement
Aaron Pena, STATE HOUSE 40 TX

011
Category/
Type

Candidate Name
, Pena, Aaron, , TX Rep.

Office Sought: House
 Senate
 President
State: H District: TX

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2008

FEC Identification Number

C
Transaction ID : 27358761
Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. The Carol Alvarado Campaign

Mailing Address P.O. Box 1562

City
Houston

State
TX

Zip Code
77251

Purpose of Disbursement

Carol Alvarado, STATE HOUSE 145 TX

Category/
Type

Candidate Name

, Alvarado, Carol, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: H

District: TX

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27358774

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bishop Majority Fund

Mailing Address State Capitol
PO Box 30038

City
Lansing

State
MI

Zip Code
48909-7536

Purpose of Disbursement

Michael Bishop, STATE SENATE 12th MI

Category/
Type

Candidate Name

, Bishop, Michael, , MI Sen.

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify)

State: S

District: MI

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27570898

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Senator Don White

Mailing Address PO Box 363

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement

Donald White, STATE SENATE 41 PA

Category/
Type

Candidate Name

, White, Donald, , Senator

Office Sought:

House
 Senate
 President

Disbursement For: 2008

Primary General
 Other (specify) ▼

State: S

District: PA

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 27570905

Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City
Lansing

State
MI

Zip Code
48901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 8 |

FEC Identification Number

C []

Transaction ID : 27570926

Amount of Each Disbursement this Period

[] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

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Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[] 500.00

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

[] 12000.00