

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Electronically Filed by Susan Sherwood Date 01 26 2011

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		177649.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	82302.11									
(c) Total Receipts (from Line 19)	48159.81	485197.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130461.92	662846.92								
7. Total Disbursements (from Line 31)	50390.00	582775.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80071.92	80071.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	45486.46	408433.91
(ii) Unitemized	2673.35	57163.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48159.81	465597.09
(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)	48159.81	465597.09
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	4600.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48159.81	485197.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48159.81	485197.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	400700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	30890.00	182075.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50390.00	582775.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50390.00	582775.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	48159.81	465597.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48159.81	465597.09
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 / 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MOLLIE CHAPMAN

Mailing Address 226 BERNARD DR

City State Zip Code
MONROE OH 45050

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Network Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1159790525350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KEN L HOVERMAN

Mailing Address 16221 SIERRA DE AVILA

City State Zip Code
TAMPA FL 33613

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1159790925350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PAMELA A TULUMELLO

Mailing Address 17715 N 68TH DRIVE

City State Zip Code
GLENDALE AZ 85308

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Claims Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1159793125350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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 / 124
(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.

Full Name (Last, First, Middle Initial)
DEBORAH S STREB

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code
UPPER ARLINGTON OH 43221

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Project Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159794125350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code
WEST WARWICK RI 02893

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159794625350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer Occupation
UnitedHealth Group, Inc. Network Contract Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159798225350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **147.69**

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 / 124
(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.

Full Name (Last, First, Middle Initial)
HERBERT L WHETSTINE

Mailing Address 22351 WAGONWHEEL TRA

City LAKEVILLE State MN Zip Code 55044

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Aviation & Corp Pilots

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.86

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159803625350

Amount of Each Receipt this Period: 28.83

P/R Deduction (\$9.61 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City TRUMBULL State CT Zip Code 06611

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159803825350

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City SENECA State SC Zip Code 29672

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Strategic Client Exec-Uniprise

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159805525350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **133.83**

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 / 124

(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.

Full Name (Last, First, Middle Initial)
JAMES S ELLISTON

Mailing Address 302 S 52ND ST

City OMAHA State NE Zip Code 68132

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1159805925350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City LINCOLN State NE Zip Code 68510

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Assoc Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1159806025350

Amount of Each Receipt this Period 75.00

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

C.

Full Name (Last, First, Middle Initial)
MARILYN C NEVIN

Mailing Address 4336 BROWDALE

City SAINT LOUIS PARK State MN Zip Code 55424

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1159807425350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 135.00

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 / 124
(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 (Last, First, Middle Initial)
NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City State Zip Code
BURNSVILLE MN 55337

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 349.96

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159809125350

Amount of Each Receipt this Period
40.38

P/R Deduction (\$13.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
WILLIAM P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
UnitedHealth Group, Inc. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159812625350

Amount of Each Receipt this Period
576.90

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

C. Full Name (Last, First, Middle Initial)
WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
United HealthGroup President Insurance Solutions

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1560.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159812825350

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional) ► **797.28**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 124

(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.

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

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP & Pres UHG Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159814725350

Amount of Each Receipt this Period
576.90

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

B.

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

Mailing Address 2407 LAKE PLACE

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Business Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159815925350

Amount of Each Receipt this Period
576.90

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

C.

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

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125

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

Name of Employer Occupation
United HealthGroup, Inc. Business Segment CAO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2560.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159816425350

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional)

1333.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 124
(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.

Full Name (Last, First, Middle Initial)
WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code
WAYZATA MN 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP UnitedHealth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159816625350

Amount of Each Receipt this Period: 300.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4446.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159816925350

Amount of Each Receipt this Period: 576.90

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

C.

Full Name (Last, First, Middle Initial)
PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City State Zip Code
AMBLER PA 19002

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

Name of Employer United HealthGroup Occupation Deputy General Counsel (Mgr)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1159817425350

Amount of Each Receipt this Period: 150.00

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

SUBTOTAL of Receipts This Page (optional) ► 1026.90

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 13 / 124

(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.

Full Name (Last, First, Middle Initial)
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
UnitedHealth Group Business Segment Gen Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt

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

Transaction ID: PR1159817925350

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City State Zip Code
DALLAS TX 75220

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

Name of Employer Occupation
UnitedHealth Group Health Plan CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2107.68

Date of Receipt

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

Transaction ID: PR1159819125350

Amount of Each Receipt this Period

300.00

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

C.

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

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2999.88

Date of Receipt

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

Transaction ID: PR1159819825350

Amount of Each Receipt this Period

346.14

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

SUBTOTAL of Receipts This Page (optional)

703.14

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 / 124
(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 (Last, First, Middle Initial)
DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City State Zip Code
HIGHLAND PARK NJ 08904

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159820225350

Amount of Each Receipt this Period
37.50

P/R Deduction (\$12.50 Bi-Weekly)

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

Mailing Address 13016 CANTERBURY

City State Zip Code
LEAWOOD KS 66209

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159821525350

Amount of Each Receipt this Period
173.10

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

C. Full Name (Last, First, Middle Initial)
MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City State Zip Code
AUSTIN TX 78726

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159822025350

Amount of Each Receipt this Period
34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **245.22**

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 15 / 124
(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.

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

Mailing Address 16907 49TH PLACE N

City State Zip Code
PLYMOUTH MN 55446

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Medical & Clinical Ops

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159823525350

Amount of Each Receipt this Period
75.00

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

B.

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

Mailing Address PO BOX 72

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1999.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159827425350

Amount of Each Receipt this Period
230.76

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

C.

Full Name (Last, First, Middle Initial)
BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City State Zip Code
FLORISSANT MO 63031

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159828725350

Amount of Each Receipt this Period
34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **340.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 124
(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.

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

Mailing Address 4305 TRILLIUM WAY

City State Zip Code
MINNETRISTA MN 55364

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP UnitedHealth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159830025350

Amount of Each Receipt this Period
576.90

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

B.

Full Name (Last, First, Middle Initial)
JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City State Zip Code
ALPHARETTA GA 30005

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

Name of Employer Occupation
UnitedHealth Group, Inc. SB RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159830525350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JOHN F STEVENSON

Mailing Address 5 BARBERRY DRIVE

City State Zip Code
BURLINGTON CT 06013

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1159839325350

Amount of Each Receipt this Period
29.40

P/R Deduction (\$9.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **663.99**

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

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

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

FOR LINE NUMBER: PAGE 17 / 124
(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 (Last, First, Middle Initial)
JILL WINTERS
Mailing Address 16 SPOEDE LN
City SAINT LOUIS State MO Zip Code 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP General Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1404.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1159840425350
Amount of Each Receipt this Period 162.00
P/R Deduction (\$54.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
THOMAS E BURTON
Mailing Address 35 MARA TRAIL
City SOUTH WINDSOR State CT Zip Code 06074
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Actuary
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 216.58
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1159841625350
Amount of Each Receipt this Period 24.99
P/R Deduction (\$8.33 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. ANTHONY WELTERS
Mailing Address 919 SAIGON ROAD
City MCLEAN State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation EVP UnitedHealth Group
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1332013225350
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 763.89
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 / 124
(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 (Last, First, Middle Initial)
MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Care Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1551005725350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Pharmacy Benefit Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1670.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1551122525350

Amount of Each Receipt this Period
225.00

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

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City State Zip Code
WETHERSFIELD CT 06109

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1551128925350

Amount of Each Receipt this Period
34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **319.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 124

(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.

Full Name (Last, First, Middle Initial)
LISA G G HOLUBEC

Mailing Address 1303 SALADO DRIVE

City State Zip Code
ALLEN TX 75013

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Med & Clinical Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: PR1551129225350

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City State Zip Code
FARMINGVILLE NY 11738

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR1551132325350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City State Zip Code
PLYMOUTH MN 55447

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR1551132525350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

165.00

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 20 / 124
(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 (Last, First, Middle Initial)
MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1551133425350
Amount of Each Receipt this Period: 57.69
P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1551160325350
Amount of Each Receipt this Period: 300.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City CHICO State CA Zip Code 95926

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

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Client Exec-Uniprise

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1551160725350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 387.69

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 / 124
(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 (Last, First, Middle Initial)
THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Recruitment Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1551161325350
Amount of Each Receipt this Period: 230.76
P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1551161425350
Amount of Each Receipt this Period: 162.00
P/R Deduction (\$54.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City State Zip Code
SOUTH WINDSOR CT 06074

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1554323525350
Amount of Each Receipt this Period: 165.00
P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **557.76**

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

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

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

FOR LINE NUMBER: PAGE 22 / 124
(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 (Last, First, Middle Initial)
CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City State Zip Code
WETHERSFIELD CT 06109

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Claims

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1554323625350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 5570 WOODSIDE LANE

City State Zip Code
SHOREWOOD MN 55331

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1554323925350

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 42820 VIOLA CT

City State Zip Code
LEESBURG VA 20176

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1404.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1554324525350

Amount of Each Receipt this Period
162.00

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

SUBTOTAL of Receipts This Page (optional) ► 768.90

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 23 / 124
(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 (Last, First, Middle Initial)
CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City State Zip Code
MISSOURI CITY TX 77459

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Business Process

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1554324625350

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 3840 INGLEWOOD AVE S

City State Zip Code
SAINT LOUIS PARK MN 55416

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Network Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1554324725350

Amount of Each Receipt this Period 150.00

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

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

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Corporate Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1575957625350

Amount of Each Receipt this Period 576.90

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

SUBTOTAL of Receipts This Page (optional) ► **784.59**

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

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

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

FOR LINE NUMBER: PAGE 24 / 124
(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 (Last, First, Middle Initial)
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City State Zip Code
NEW HOPE PA 18938

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

Name of Employer UnitedHealth Group, Inc. Occupation Plan President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1575958125350
Amount of Each Receipt this Period: 230.76
P/R Deduction (\$76.92 Bi-Weekly)

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

Mailing Address 4701 GOLF TERRACE

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1575958525350
Amount of Each Receipt this Period: 576.90
P/R Deduction (\$192.30 Bi-Weekly)

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

Mailing Address 11804 Waterford Road

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP IBS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1580864625350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **837.66**

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 25 / 124

(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.	Full Name (Last, First, Middle Initial) THOMAS S PAUL		Date of Receipt
	Mailing Address 2006 QUEEN AVENUE SOUTH		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MINNEAPOLIS	MN	55405
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1580864725350
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2107.68"/>	<input type="text" value="300.00"/>
			P/R Deduction (\$100.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) ROBERT THOMAS WEBB		Date of Receipt
	Mailing Address 4516 DREXEL AVENUE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	EDINA	MN	55424
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1580865325350
Name of Employer UnitedHealth Group, Inc.		Occupation CEO Care Solutions	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4999.80"/>	<input type="text" value="576.90"/>
			P/R Deduction (\$192.30 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RICHARD J HUGHES		Date of Receipt
	Mailing Address 735 SAINT MORITZ		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	VICTORIA	MN	55386
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1596304125350
Name of Employer UnitedHealth Group, Inc.		Occupation VP Human Capital Dvlpmnt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2060.00"/>	<input type="text" value="300.00"/>
			P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1176.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 26 / 124
(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 (Last, First, Middle Initial)
JOHN KING

Mailing Address 1 EDEN HILL LANE

City SOUTHWICK State MA Zip Code 01077

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1596304425350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 11641 TANGLEWOOD DRIVE

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation Sr Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1596304525350

Amount of Each Receipt this Period 346.14

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

C. Full Name (Last, First, Middle Initial)
JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Healthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1596304625350

Amount of Each Receipt this Period 34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 410.76

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 124

(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.

Full Name (Last, First, Middle Initial)
GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt

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

Transaction ID: PR1596304825350

Amount of Each Receipt this Period

576.90

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

B.

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

Mailing Address 401 N 2ND ST UNIT 512

City State Zip Code
MINNEAPOLIS MN 55401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

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

Transaction ID: PR1596304925350

Amount of Each Receipt this Period

115.38

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

C.

Full Name (Last, First, Middle Initial)
SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Product Development

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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

Transaction ID: PR1596305625350

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

749.97

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 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS D LEWIS	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 306 CHIPPEWA AVENUE	Transaction ID: PR1596306925350
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96	

B.	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 4505 MOORLAND AVENUE	Transaction ID: PR1596307025350
	City State Zip Code EDINA MN 55424	Amount of Each Receipt this Period 330.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$110.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2380.00	

C.	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3318 FOXRIDGE CIRCLE	Transaction ID: PR1596309725350
	City State Zip Code TAMPA FL 33618	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	520.38
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 / 124
	<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.	Full Name (Last, First, Middle Initial) RAMON E COTO	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 14021 LEANING PINE DRIVE	Transaction ID: PR1596311525350
	City State Zip Code MIAMI LAKES FL 33014	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. VP General Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

B.	Full Name (Last, First, Middle Initial) JEFFREY P DOOLEY	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 306 W MEADOWS LANE	Transaction ID: PR1596312125350
	City State Zip Code DANVILLE CA 94506	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. KA VP Sales and Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04	

C.	Full Name (Last, First, Middle Initial) RICHARD G DUNLOP	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 2964 WYSE COURT	Transaction ID: PR1596312325350
	City State Zip Code LEWIS CENTER OH 43035	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	122.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 124

(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.

Full Name (Last, First, Middle Initial)
STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City State Zip Code
LARKSPUR CO 80118

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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

Transaction ID: PR1596312925350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
KURT A HEUMANN

Mailing Address 9825 GERALD DR

City State Zip Code
SAINT LOUIS MO 63128

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR1596313725350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code
CHARLOTTE NC 28269

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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

Transaction ID: PR1596316825350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

175.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 124
(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 (Last, First, Middle Initial)
STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Healthcare Strategies

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596317125350

Amount of Each Receipt this Period
576.90

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

B. Full Name (Last, First, Middle Initial)
DANIEL I ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

City State Zip Code
ORINDA CA 94563

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596317325350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
SILVER SPRING MD 20905

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Enterprise Clinical Alignm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596317425350

Amount of Each Receipt this Period
225.00

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

SUBTOTAL of Receipts This Page (optional) ► **859.59**

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

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

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

FOR LINE NUMBER: PAGE 32 / 124
(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 (Last, First, Middle Initial)
MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City State Zip Code
PARKLAND FL 33076

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596317725350

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
CIRCLE PINES MN 55014

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

Name of Employer Occupation
UnitedHealth Group, Inc. Product Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596318925350

Amount of Each Receipt this Period 34.62

P/R Deduction (\$11.54 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHRIS B TURNAU

Mailing Address PO BOX 43216
3741 DUNBAR KNOLL

City State Zip Code
BROOKLYN PARK MN 55443

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596319125350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **122.31**

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 / 124
(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 (Last, First, Middle Initial)
FRANK M VIERLING

Mailing Address N5021 GREENS COULEE

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596319425350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code
HARTFORD CT 06105

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

Name of Employer Occupation
UnitedHealth Group, Inc. PS National VP Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596319525350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City State Zip Code
MEDINA MN 55340

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1596319625350

Amount of Each Receipt this Period
37.50

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **125.19**

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 / 124

(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.

Full Name (Last, First, Middle Initial)
WILLIAM R WILSON

Mailing Address 7 CLIFFORD AVENUE

City State Zip Code
TOLLAND CT 06084

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR1596320025350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JANET P WRIGHT

Mailing Address 7310 WELLS RD

City State Zip Code
PLAIN CITY OH 43064

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR1596320125350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

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

Mailing Address 1 ROXITICUS VIEW

City State Zip Code
CHESTER NJ 07930

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR1600597325350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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 / 124

(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.

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

Mailing Address 742 GOODRICH AVE

City State Zip Code
SAINT PAUL MN 55105

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Acquisitions & Integrations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1892.32

Date of Receipt

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

Transaction ID: PR1600598525350

Amount of Each Receipt this Period

300.00

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

B.

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2425.00

Date of Receipt

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

Transaction ID: PR1600598725350

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City State Zip Code
SHOREWOOD MN 55331

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

Name of Employer Occupation
UnitedHealth Group, Inc. Market Group CAO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1880.00

Date of Receipt

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

Transaction ID: PR1602669925350

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 124

(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.

Full Name (Last, First, Middle Initial)
JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations - Evercare

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1613243525350

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
LINDA L CULLEN

Mailing Address 441 E N BROADWAY

City State Zip Code
COLUMBUS OH 43214

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Regulatory Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1632359725350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DANIEL S WALLER

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1632360025350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

348.45

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 / 124
(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 (Last, First, Middle Initial)
WILLIAM F KENNEDY
Mailing Address 14 MYRA LN
City BURLINGTON State CT Zip Code 06013
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Dir IT Project Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1653443125350
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEVE R KOOREN
Mailing Address 4444 ELLSWORTH DRIVE
City EDINA State MN Zip Code 55435
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4192.14
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1653443225350
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
THOMAS J BELLAMY
Mailing Address 2743 THOMAS AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55416
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation SB VP Sales and Account Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.20
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1653444325350
Amount of Each Receipt this Period 173.10
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 810.00
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 / 124
(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 (Last, First, Middle Initial)
ROBERT L HOLMAN

Mailing Address N12464 HORSESHOE BEND RD

City State Zip Code
MINONG WI 54859

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Provider Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1653445025350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
ORONO MN 55391

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

Name of Employer Occupation
UnitedHealth Group UHG IT CIO Org Sr Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1653445225350

Amount of Each Receipt this Period
576.90

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

C. Full Name (Last, First, Middle Initial)
DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT Project Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1653445825350

Amount of Each Receipt this Period
34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **641.52**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 124
(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.	Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2010	
	Mailing Address 3568 REMBRANDT ROAD		Transaction ID: PR1746717825350	
	City ATLANTA	State GA	Zip Code 30327	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.		Occupation SVP Health Advancement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.80		

B.	Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI		Date of Receipt MM / DD / YYYY 12 / 31 / 2010	
	Mailing Address 19117 ARTESIAN COURT		Transaction ID: PR1806441625350	
	City DERWOOD	State MD	Zip Code 20855	Amount of Each Receipt this Period 33.00
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$11.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.		Occupation Assoc Dir Utilization Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00		

C.	Full Name (Last, First, Middle Initial) JASON DUDASH		Date of Receipt MM / DD / YYYY 12 / 31 / 2010	
	Mailing Address 2918 BACHMAN RD		Transaction ID: PR1806441925350	
	City MANCHESTER	State MD	Zip Code 21102	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.		Occupation Mgr Applications Dvlpmnt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	639.90
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 40 / 124
(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.

Full Name (Last, First, Middle Initial)
JEFF L LEVINE

Mailing Address 619 BOND AVE

City REISTERSTOWN State MD Zip Code 21136

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

Name of Employer: UnitedHealth Group, Inc. Occupation: PS Mgr Acct Mgmt (FEHBP)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1806443225350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Six Sigma Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.60

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1806444725350

Amount of Each Receipt this Period: 52.80

P/R Deduction (\$17.60 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Provider Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR1806750125350

Amount of Each Receipt this Period: 34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 147.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 124
(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 (Last, First, Middle Initial)
PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City State Zip Code
SAVAGE MN 55378

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1806750325350

Amount of Each Receipt this Period
115.38

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

B. Full Name (Last, First, Middle Initial)
SHERRI C PINOTTI

Mailing Address 416 BEAR AVE S

City State Zip Code
VADNAIS HEIGHTS MN 55127

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1832039825350

Amount of Each Receipt this Period
28.50

P/R Deduction (\$9.50 Bi-Weekly)

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

Mailing Address 5115 SARATOGA LANE

City State Zip Code
PLYMOUTH MN 55442

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1882850625350

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional) ► **263.88**

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 42 / 124
(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 (Last, First, Middle Initial)
CATHERINE K ANDERSON
Mailing Address 37 W 2000 S

City State Zip Code
DRIGGS ID 83422

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Marketing Bus Dev

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1903550725350

Amount of Each Receipt this Period
173.10

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

B. Full Name (Last, First, Middle Initial)
KATHLEEN L BISHOP
Mailing Address 145 COTTAGE RD

City State Zip Code
ENFIELD CT 06082

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1903560825350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J DUFEK
Mailing Address 816 PROMONTORY PLACE

City State Zip Code
EAGAN MN 55123

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR1903577125350

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► 308.10

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 43 / 124

(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.

Full Name (Last, First, Middle Initial)
SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

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

Transaction ID: PR1903578125350

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
STILLWATER MN 55082

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR1903591125350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP & CIO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2040.00

Date of Receipt

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

Transaction ID: PR1903622025350

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

630.00

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 44 / 124

(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.

Full Name (Last, First, Middle Initial)
PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City State Zip Code
COVENTRY CT 06238

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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

Transaction ID: PR1903636925350

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City State Zip Code
MAGALIA CA 95954

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

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

Transaction ID: PR1910417425350

Amount of Each Receipt this Period

34.62

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City State Zip Code
ONEIDA WI 54155

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Associate General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR2119466825350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

152.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 124

(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.	Full Name (Last, First, Middle Initial) JON D D BEATY		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 12103 SE TURLEY PLACE		Transaction ID: PR2119467825350
	City HAPPY VALLEY	State OR	Zip Code 97086
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Clinical Quality	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

B.	Full Name (Last, First, Middle Initial) RUSSELL A BENNETT		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 4 HALSEY AVE		Transaction ID: PR2119468025350
	City LAGUNA NIGUEL	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Marketing Bus Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

C.	Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 10 SHADOW GLEN		Transaction ID: PR2119468125350
	City IRVINE	State CA	Zip Code 92620
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Operations	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00		

SUBTOTAL of Receipts This Page (optional) ▶

666.00

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 46 / 124
(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 (Last, First, Middle Initial)
DAVID N N BOOHER

Mailing Address 14812 SUMMERBREEZE WY

City State Zip Code
SAN DIEGO CA 92128

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Pharmacy Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119468625350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City State Zip Code
SAN DIEGO CA 92154

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Mrkting Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119469425350

Amount of Each Receipt this Period
75.00

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

C. Full Name (Last, First, Middle Initial)
DANIEL P CADRIEL

Mailing Address 23634 NORTH 58TH AVENUE

City State Zip Code
GLENDALE AZ 85310

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

Name of Employer Occupation
UnitedHealth Group, Inc. PS Dir. Strategic Accts

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119469825350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 47 / 124
(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.

Full Name (Last, First, Middle Initial)
COLLEEN CAMPBELL

Mailing Address 5753 E SANTA ANA CYN RD # G502

City ANAHEIM State CA Zip Code 92807

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Clinical Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119469925350

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Marketing Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119470225350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Network Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119470325350

Amount of Each Receipt this Period: 288.00

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

SUBTOTAL of Receipts This Page (optional) ► 393.00

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 48 / 124
(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 (Last, First, Middle Initial)
RANDELL J CORREIA

Mailing Address PO BOX 1025

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119471325350
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720

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

Name of Employer UnitedHealth Group, Inc. Occupation Deputy General Counsel (Mgr)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119471825350
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119472525350
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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 / 124
(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.

Full Name (Last, First, Middle Initial)
LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
LONG BEACH CA 90815

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

Name of Employer UnitedHealth Group, Inc. Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119472625350

Amount of Each Receipt this Period: 57.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119472825350

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 962.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119472925350

Amount of Each Receipt this Period: 111.00

P/R Deduction (\$37.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **213.00**

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 50 / 124
(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 (Last, First, Middle Initial)
TARA M DUNGAN

Mailing Address PO BOX 691354

City State Zip Code
SAN ANTONIO TX 78269

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2119473225350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
BRADLEY M FLUITT

Mailing Address 108 NORTH ROLLING OAKS

City State Zip Code
SAN ANTONIO TX 78253

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2119474125350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANGELO GIAMBRONE

Mailing Address 1821 PARK STREET

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Network Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2119475125350

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional) ► 240.00

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 51 / 124
(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.

Full Name (Last, First, Middle Initial)
AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DE PERE WI 54115

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119475225350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SANDRA R GLICKMAN

Mailing Address 13622 SIOUX RD

City State Zip Code
WESTMINSTER CA 92683

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119475325350

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MARIA C GONZALES

Mailing Address 14111 PARKHURST

City State Zip Code
SAN ANTONIO TX 78232

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119475425350

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 52 / 124

(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.

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

Mailing Address 33 VIA CONOCIDO

City State Zip Code
SAN CLEMENTE CA 92673

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3510.00

Date of Receipt

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

Transaction ID: PR2119476725350

Amount of Each Receipt this Period

405.00

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

B.

Full Name (Last, First, Middle Initial)
ANNE P HARVEY

Mailing Address 4916 THOR WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Provider Svc

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2119477225350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
PAULINE M HAYES

Mailing Address PO BOX 839

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2119477425350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

465.00

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 53 / 124
(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 (Last, First, Middle Initial)
SAMUEL W HO

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
UnitedHealth Group, Inc. Market Grp Chief Clinical Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3353.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119477925350

Amount of Each Receipt this Period 461.40

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

B. Full Name (Last, First, Middle Initial)
KEVIN D HOST

Mailing Address 14617 GRANT ST

City State Zip Code
OVERLAND PARK KS 66221

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119478225350

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DONNAL HUSER

Mailing Address 406 SKYTRAIL DR

City State Zip Code
NEW BRAUNFELS TX 78130

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

Name of Employer Occupation
UnitedHealth Group, Inc. Spvsr Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119478625350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **551.40**

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

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

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

FOR LINE NUMBER: PAGE 54 / 124
(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 (Last, First, Middle Initial)
BRIAN JEFFREY
 Mailing Address 9 RIMROCK
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation VP Network Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2119479125350
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOHN D JONES
 Mailing Address 3562 REDWOOD
 City IRVINE State CA Zip Code 92606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation VP Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2496.00
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2119479225350
 Amount of Each Receipt this Period 288.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MARK C KNUTSON
 Mailing Address 13102 PALOMAR WAY
 City NORTH TUSTIN State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Dir Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2119480225350
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 408.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 124
(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 (Last, First, Middle Initial)
PAMELA S LEAL

Mailing Address 8371 CLARKDALE

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Network Contracting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119481025350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLES E LEWIS

Mailing Address 7417 S LAFAYETTE CR EAST

City State Zip Code
CENTENNIAL CO 80122

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sales Market Leader - Medicare

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119481525350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 9845 JOEL CIRCLE

City State Zip Code
CYPRESS CA 90630

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Regulatory Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119481825350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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 56 / 124
(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 (Last, First, Middle Initial)
KATHRYN H LOURTIE

Mailing Address 307 29TH STREET

City State Zip Code
HERMOSA BEACH CA 90254

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119482125350
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer: UnitedHealth Group, Inc. Occupation: IT Database Cnslnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119482225350
Amount of Each Receipt this Period: 45.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
TIMOTHY A LUKER

Mailing Address 3115 S GOTHIC CIRCLE

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2119482325350
Amount of Each Receipt this Period: 24.00
P/R Deduction (\$8.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **99.00**

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 57 / 124
(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.

Full Name (Last, First, Middle Initial)
HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City State Zip Code
SAN ANTONIO TX 78232

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Healthcare Econ

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR211948252350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City State Zip Code
LA VERNE CA 91750

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR211948302350

Amount of Each Receipt this Period
45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1690.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR211948392350

Amount of Each Receipt this Period
195.00

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

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 58 / 124
(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 (Last, First, Middle Initial)
BENITO M MIRANDA

Mailing Address PO BOX 1522

City LOMITA State CA Zip Code 90717

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

Name of Employer UnitedHealth Group, Inc. Occupation Community Developer - Sec Hor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR2119484225350

Amount of Each Receipt this Period 36.00

P/R Deduction (\$12.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City LOS ALAMITOS State CA Zip Code 90720

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Govt Affairs & Compl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR2119484325350

Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
CAROLYN L MURRAY

Mailing Address 2288 BUFFALO RUN AVE

City LAS VEGAS State NV Zip Code 89123

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

Name of Employer UnitedHealth Group, Inc. Occupation Acq Mgr Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR2119484825350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 216.00

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 59 / 124

(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.

Full Name (Last, First, Middle Initial)
SCOTT A NEURURER

Mailing Address 9852 SILVRETTA DRIVE

City State Zip Code
CYPRESS CA 90630

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2119484925350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD #106

City State Zip Code
LONG BEACH CA 90802

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Compliance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR2119485025350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Traffic/Workforce

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: PR2119485225350

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.00

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 60 / 124
(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 (Last, First, Middle Initial)
WILLIAM H OLSON

Mailing Address 1825 GALINDO AVE APT 416

City State Zip Code
CONCORD CA 94520

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119485325350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City State Zip Code
NEENAH WI 54956

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119485425350

Amount of Each Receipt this Period
45.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City State Zip Code
HIGHLANDS RANCH CO 80126

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

Name of Employer Occupation
UnitedHealth Group, Inc. Service Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119485825350

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 61 / 124
(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.

Full Name (Last, First, Middle Initial)
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Utilization Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119486325350

Amount of Each Receipt this Period: 36.00

P/R Deduction (\$12.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code
DE PERE WI 54115

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119486425350

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code
GREENSBORO NC 27408

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Growth Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3510.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2119486725350

Amount of Each Receipt this Period: 405.00

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

SUBTOTAL of Receipts This Page (optional) ► 486.00

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 62 / 124

(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.

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

Mailing Address 3401 E VIA PALOMITA

City State Zip Code
TUCSON AZ 85718

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

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

Transaction ID: PR2119486825350

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Clinical Quality

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR2119487925350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DEBBIE E ROGERS

Mailing Address 413 DOE RUN RD

City State Zip Code
SEQUIM WA 98382

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Project Manager I

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2119488625350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

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 63 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CAROL A SCACCIA		Date of Receipt
	Mailing Address 6735 WOODRUSH WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	CORONA	CA	92880
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119489325350
Name of Employer UnitedHealth Group, Inc.		Occupation KA New Bus Coord - PAC Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARTIN SING		Date of Receipt
	Mailing Address 9407 LLANO VERDE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	HELOTES	TX	78023
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119490125350
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Customer Service	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RONALD R STETTLER		Date of Receipt
	Mailing Address 6028 SCOTMIST DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	RANCHO PALOS VERDE	CA	90275
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119490425350
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Healthcare Econ	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 124

(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.

Full Name (Last, First, Middle Initial)
MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City State Zip Code
CARLSBAD CA 92009

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: PR2119490725350

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address 5598 NAPLES CANAL

City State Zip Code
LONG BEACH CA 90803

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

Name of Employer Occupation
UnitedHealth Group, Inc. Natl Medical Director/CMO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: PR2119491125350

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)
CHERYL A THOMSON

Mailing Address 222 FOREST DR

City State Zip Code
SOBIESKI WI 54171

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Compliance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: PR2119491625350

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

255.00

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 65 / 124

(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.

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

Mailing Address 211 LOCKFORD

City State Zip Code
IRVINE CA 92602

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Regulatory Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2496.00

Date of Receipt

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

Transaction ID: PR2119492025350

Amount of Each Receipt this Period

288.00

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

B.

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

Name of Employer Occupation
UnitedHealth Group, Inc. Site Dir Medicare Inside Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

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

Transaction ID: PR2119492625350

Amount of Each Receipt this Period

120.00

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

C.

Full Name (Last, First, Middle Initial)
SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City State Zip Code
OCOONTO WI 54153

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Actuarial Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.04

Date of Receipt

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

Transaction ID: PR2119493225350

Amount of Each Receipt this Period

34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

442.62

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 124
(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 (Last, First, Middle Initial)
LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City State Zip Code
PHOENIX AZ 85022

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

Name of Employer UnitedHealth Group, Inc. Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119493525350

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 13901 MAUVE DRIVE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119494125350

Amount of Each Receipt this Period 75.00

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

C. Full Name (Last, First, Middle Initial)
GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code
AURORA CO 80016

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119494425350

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 124
(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 (Last, First, Middle Initial)
STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code
PARKER CO 80138

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

Name of Employer Occupation
UnitedHealth Group, Inc. SB GA Account Exec

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2119494525350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 380 LEAF STREET

City State Zip Code
ORONO MN 55356

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

Name of Employer Occupation
UnitedHealth Group, Inc. President PS Labor & Trust

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2060.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2133132425350

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City State Zip Code
WEST SUFFIELD CT 06093

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir Network A&R

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2133132525350

Amount of Each Receipt this Period
36.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **366.00**

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 68 / 124

(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.	Full Name (Last, First, Middle Initial) DANIEL M CUMMINGS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 1929 FAIRMOUNT AVE		Transaction ID: PR2133132625350
	City SAINT PAUL	State MN	Zip Code 55105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Finance	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

B.	Full Name (Last, First, Middle Initial) CHARLES W HANSON		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 4133 WHITE OAK LN		Transaction ID: PR2133133125350
	City EXCELSIOR	State MN	Zip Code 55331
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc.		Occupation VP Underwriting	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.92		

C.	Full Name (Last, First, Middle Initial) BROR O HULTGREN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Mailing Address 408 22ND ST		Transaction ID: PR2133133225350
	City GOLDEN	State CO	Zip Code 80401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.		Occupation Regional Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96		

SUBTOTAL of Receipts This Page (optional) ▶

235.38

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 69 / 124
(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 (Last, First, Middle Initial)
CAROLYN MAGILL HANSON

Mailing Address 1 ALEXANDER STREET
#1201

City State Zip Code
YONKERS NY 10701

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Product

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2133133525350

Amount of Each Receipt this Period
57.69

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2133133625350

Amount of Each Receipt this Period
105.00

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

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Federal Prog-UHG Alliances

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3900.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2133133825350

Amount of Each Receipt this Period
450.00

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

SUBTOTAL of Receipts This Page (optional) ► **612.69**

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 70 / 124
(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 (Last, First, Middle Initial)
KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2133133925350

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Financial Png & Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2133134225350

Amount of Each Receipt this Period: 576.90

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

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

Mailing Address 2203 RIVER FALLS DRIVE

City KINGWOOD State TX Zip Code 77339

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2133134625350

Amount of Each Receipt this Period: 75.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 696.90

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 71 / 124
(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.

Full Name (Last, First, Middle Initial)
ANITA W SHIELDS

Mailing Address 608 GLENVIEW DRIVE

City State Zip Code
HORSHAM PA 19044

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2133134725350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DANIEL M COLE

Mailing Address 9790 FOXWORTH DRIVE

City State Zip Code
JOHNS CREEK GA 30022

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

Name of Employer Occupation
UnitedHealth Group, Inc. Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145728325350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

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

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145728425350

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional) ► **175.38**

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 72 / 124
	<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.	Full Name (Last, First, Middle Initial) ROB FARAHANI		Date of Receipt
	Mailing Address PO BOX 704		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HUNTINGTON	NY	11743
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Dir IT	Transaction ID: PR2145728525350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="999.96"/>	
		Amount of Each Receipt this Period	<input type="text" value="115.38"/>
		P/R Deduction (\$38.46 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) CARL T KIDD		Date of Receipt
	Mailing Address 12210 OYSTER COVE COURT		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	STAFFORD	TX	77477
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Client Svc Acct Mgt	Transaction ID: PR2145728825350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="750.10"/>	
		Amount of Each Receipt this Period	<input type="text" value="86.55"/>
		P/R Deduction (\$28.85 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) NANCY E LINDIMORE		Date of Receipt
	Mailing Address 8256 SNEAD WAY		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WESTERVILLE	OH	43082
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation KA Dir Acct Mgmt	Transaction ID: PR2145728925350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="520.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="60.00"/>
		P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="261.93"/>
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 73 / 124
(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 (Last, First, Middle Initial)
WILLIAM Y MICKLE

Mailing Address 8 DURANGO COURT

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145729125350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code
IRVINE CA 92603

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Client Svc Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145729225350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code
AUSTIN TX 78737

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145729525350

Amount of Each Receipt this Period
45.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 74 / 124
(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 (Last, First, Middle Initial)
MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City State Zip Code
SAVAGE MN 55378

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145729725350

Amount of Each Receipt this Period
105.00

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

B. Full Name (Last, First, Middle Initial)
DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145729925350

Amount of Each Receipt this Period
346.14

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

C. Full Name (Last, First, Middle Initial)
RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code
LAND O LAKES FL 34638

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

Name of Employer Occupation
UnitedHealth Group, Inc. Plan President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2145730025350

Amount of Each Receipt this Period
34.62

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **485.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 124
(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.

Full Name (Last, First, Middle Initial)
MARGARET W WEAR

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2145730225350
 Amount of Each Receipt this Period: 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MARYNELL F BENSON

Mailing Address 604 ROCKBOURNE MILLS COURT

City WALLINGFORD State PA Zip Code 19086

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2162866925350
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLAGE

City PHOENIX State AZ Zip Code 85020

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Marketing Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2162867025350
 Amount of Each Receipt this Period: 57.69
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 237.69

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 76 / 124
(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 (Last, First, Middle Initial)
DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
IRVINE CA 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2162867625350
Amount of Each Receipt this Period: 576.90
P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City State Zip Code
MAINEVILLE OH 45039

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

Name of Employer: UnitedHealth Group, Inc. Occupation: KA VP Sales and Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2203967525350
Amount of Each Receipt this Period: 34.62
P/R Deduction (\$11.54 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City State Zip Code
NEW HOPE MN 55427

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Market Grp Chief Mktg Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2225166725350
Amount of Each Receipt this Period: 346.14
P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **957.66**

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 77 / 124
(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 (Last, First, Middle Initial)
ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City State Zip Code
EDINA MN 55436

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225167425350

Amount of Each Receipt this Period
749.90

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

B. Full Name (Last, First, Middle Initial)
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code
FARMINGTON CT 06032

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Actuarial Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225813625350

Amount of Each Receipt this Period
173.10

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

C. Full Name (Last, First, Middle Initial)
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City State Zip Code
OXFORD CT 06478

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Actuarial Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225817525350

Amount of Each Receipt this Period
19.23

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **942.23**

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 78 / 124
(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 (Last, First, Middle Initial)
NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT Project Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225818425350

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLES W MARTEL

Mailing Address 676 LAKE SUSAN HILLS DRIVE

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225818625350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City State Zip Code
WYCKOFF NJ 07481

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2225818825350

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 79 / 124
(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.

Full Name (Last, First, Middle Initial)
ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Chief Accounting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2225819325350
 Amount of Each Receipt this Period: 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B.

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2225819625350
 Amount of Each Receipt this Period: 115.38
 P/R Deduction (\$38.46 Bi-Weekly)

C.

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

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Network Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2231347225350
 Amount of Each Receipt this Period: 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **782.28**

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 80 / 124
(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 (Last, First, Middle Initial)
JEFFERY A DROZDA

Mailing Address 9765 GRACE LANE

City State Zip Code
CLINTON LA 70722

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Assoc Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2231347425350

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code
ZIONSVILLE IN 46077

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP UHO Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2231349725350

Amount of Each Receipt this Period
45.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KASIA HANNA

Mailing Address 1419 HORNADAY RD

City State Zip Code
BROWNSBURG IN 46112

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr IT Project Cnsltnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2231350625350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 195.00

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 81 / 124
(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 (Last, First, Middle Initial)
MARGARET C HAYS

Mailing Address 507 WOODLAND W DRIVE

City State Zip Code
GREENFIELD IN 46140

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2231350725350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KIP J METHENY

Mailing Address 808 JEFFERSON

City State Zip Code
LAWRENCEVILLE IL 62439

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

Name of Employer Occupation
UnitedHealth Group, Inc. Spvsr Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2231351425350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PAMELA ANN MOORE

Mailing Address RR 1 BOX 282A

City State Zip Code
BRIDGEPORT IL 62417

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Facilities

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.40

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: PR2231351725350

Amount of Each Receipt this Period
29.70

P/R Deduction (\$9.90 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **89.70**

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

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

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

FOR LINE NUMBER: PAGE 82 / 124
(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 (Last, First, Middle Initial)
DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2231351925350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANDREW L PEARSON

Mailing Address 7371 OAKLAND HILLS CIR

City State Zip Code
INDIANAPOLIS IN 46236

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2231352025350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JILL PHELPS

Mailing Address 95 KENSINGTON CT

City State Zip Code
PITTSBORO IN 46167

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sr IT Business Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2231352125350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 83 / 124

(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.	Full Name (Last, First, Middle Initial) DARRELL S RICHEY		Date of Receipt
	Mailing Address 7244 TULIPTREE TRAIL		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46256
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Deputy General Counsel (Mgr)	Transaction ID: PR2231352325350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2080.00"/>	Amount of Each Receipt this Period <input type="text" value="240.00"/>
			P/R Deduction (\$80.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JANET SUE SELF		Date of Receipt
	Mailing Address 3202 BABSON CT		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	INDIANAPOLIS	IN	46268
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Actuarial Services	Transaction ID: PR2231352425350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	Amount of Each Receipt this Period <input type="text" value="45.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) AMANDA JANE SNIVELY		Date of Receipt
	Mailing Address 704 EAST MAIN STREET		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CARMEL	IN	46032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation UHO	Transaction ID: PR2231352525350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="315.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 124

(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.

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

Mailing Address 570 MONTCALM PL

City State Zip Code
SAINT PAUL MN 55116

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2120.00

Date of Receipt

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

Transaction ID: PR2247625825350

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City State Zip Code
NISKAYUNA NY 12309

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 598.00

Date of Receipt

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

Transaction ID: PR2247626225350

Amount of Each Receipt this Period

69.00

P/R Deduction (\$23.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SHANKAR RAO

Mailing Address 10622 EQUESTRIAN DR

City State Zip Code
COWAN HEIGHTS CA 92705

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.86

Date of Receipt

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

Transaction ID: PR2247626325350

Amount of Each Receipt this Period

28.83

P/R Deduction (\$9.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

397.83

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 85 / 124
	<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.	Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 11 CARRIAGE WAY	Transaction ID: PR2247626825350
	City State Zip Code WHITE PLAINS NY 10605	Amount of Each Receipt this Period 173.10
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20	P/R Deduction (\$57.70 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KEVIN DAVID KANTOLA	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 7031 HALSTEAD DRIVE	Transaction ID: PR2247627025350
	City State Zip Code MINNETRISTA MN 55364	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Dir IT Project Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 61 LOUGHLIN AVE	Transaction ID: PR2247627325350
	City State Zip Code COS COB CT 06807	Amount of Each Receipt this Period 173.10
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. RVP Network Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.20	P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	421.20
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 86 / 124
(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 (Last, First, Middle Initial)
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2247627425350
Amount of Each Receipt this Period: 173.10
P/R Deduction (\$57.70 Bi-Weekly)

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

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.20

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2247627625350
Amount of Each Receipt this Period: 173.10
P/R Deduction (\$57.70 Bi-Weekly)

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

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS State IL Zip Code 60514

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

Name of Employer: UnitedHealth Group, Inc. Occupation: COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR2247627825350
Amount of Each Receipt this Period: 115.38
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **461.58**

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 87 / 124
(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 (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2247627925350

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
UnitedHealth Group, Inc. Region CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 699.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2247628025350

Amount of Each Receipt this Period
80.76

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

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

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2066.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2259738425350

Amount of Each Receipt this Period
291.00

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

SUBTOTAL of Receipts This Page (optional) ► **948.66**

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 88 / 124

(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.

Full Name (Last, First, Middle Initial)
CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City State Zip Code
AUSTIN TX 78703

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt

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

Transaction ID: PR2270522925350

Amount of Each Receipt this Period

115.38

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

B.

Full Name (Last, First, Middle Initial)
KAREN R FINNERTY

Mailing Address 4430 PARK POINT

City State Zip Code
LEWIS CENTER OH 43035

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Sales Ops

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2270546625350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
THELMA L THOMPSON

Mailing Address 600 SECOND STREET # 303

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Assoc Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2364863325350

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

175.38

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 89 / 124
(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 (Last, First, Middle Initial)
JEFFREY D ALTER
Mailing Address 3 WOODLAND ROAD
City BELLE TERRE State NY Zip Code 11777
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Region CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.54
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402315225350
Amount of Each Receipt this Period 44.37
P/R Deduction (\$14.79 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEANNE M DE SA
Mailing Address 3000 TILDEN STREET NW #204-1
City WASHINGTON State DC Zip Code 20008
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402315925350
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LISA M HARRELL
Mailing Address 1741 CAMBRIDGE AVENUE
City FLOSSMOOR State IL Zip Code 60422
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402316925350
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 269.37
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 90 / 124
(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.

Full Name (Last, First, Middle Initial)
DONALD D JACOBS

Mailing Address 19495 VINE RIDGE ROAD

City Shorewood State MN Zip Code 55331

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Project Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402317325350

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City Jamestown State NC Zip Code 27282

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402317725350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City Saint Louis Park State MN Zip Code 55416

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Network Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402317925350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 91 / 124
	(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.	Full Name (Last, First, Middle Initial) JAKE LOGAN		Date of Receipt
	Mailing Address 5520 CHEERY LYNN ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	PHOENIX	AZ	85018
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Govt Rel Dir	Transaction ID: PR2402318225350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	Amount of Each Receipt this Period <input type="text"/> 75.00
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARIA MCCAULEY		Date of Receipt
	Mailing Address 15916 MARSHFIELD DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	TAMPA	FL	33624
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Sr Project Manager II	Transaction ID: PR2402318425350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 520.00	Amount of Each Receipt this Period <input type="text"/> 60.00
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) STACY S MCGRATH		Date of Receipt
	Mailing Address 5625 CHOWEN AVE S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	EDINA	MN	55410
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Sr Project Manager II	Transaction ID: PR2402318525350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	Amount of Each Receipt this Period <input type="text"/> 45.00
			P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 180.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 92 / 124
(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 (Last, First, Middle Initial)
RICHARD W MOCKLER

Mailing Address 2113 13TH AVE SOUTH

City State Zip Code
SEATTLE WA 98144

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Sales Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2402318725350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANDREA MORRISON DAVIS

Mailing Address 2 LAKESHIRE COURT

City State Zip Code
OWINGS MILLS MD 21117

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

Name of Employer Occupation
UnitedHealth Group, Inc. Acct Mgt Cons Client Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2402318925350

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JILL RIVERS

Mailing Address 6648 DASHER COURT

City State Zip Code
COLUMBIA MD 21045

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

Name of Employer Occupation
UnitedHealth Group, Inc. Managing Dir HHS Consulting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR2402319525350

Amount of Each Receipt this Period 75.00

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

SUBTOTAL of Receipts This Page (optional) ► 135.00

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 93 / 124
(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 (Last, First, Middle Initial)
KATHERINE E SHERWIN
Mailing Address 85 CENTRAL AVE
City NEWTON State MA Zip Code 02460
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Dir General Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402319925350
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LORI K SWEERE
Mailing Address 11826 GERMAINE TERRACE
City EDEN PRAIRIE State MN Zip Code 55347
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation EVP Human Capital
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2210.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402320225350
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KELLY WARREN
Mailing Address 4902 WEST PARK DRIVE
City AUSTIN State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Dir Bus Dvlp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402320525350
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 405.00
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 94 / 124

(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.

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

Mailing Address 1877 E CHILTON DRIVE

City State Zip Code
TEMPE AZ 85283

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2402320825350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
PAUL J BARRINGER

Mailing Address 3709 WILLIAMS LANE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Regulatory Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2402444325350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DANIEL J WEAVER

Mailing Address 4873 DESPERADO WAY

City State Zip Code
PARKER CO 80134

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: PR2402444625350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

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 95 / 124
(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 (Last, First, Middle Initial)
JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO TPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402445025350

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123

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

Name of Employer: UnitedHealth Group Occupation: VP Employee Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402445225350

Amount of Each Receipt this Period: 300.00

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

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

Mailing Address 2816 MONTREAUX DRIVE

City FRISCO State TX Zip Code 75034

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Bus Dev and Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2402445325350

Amount of Each Receipt this Period: 195.00

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

SUBTOTAL of Receipts This Page (optional) ► **555.00**

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 96 / 124
(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 (Last, First, Middle Initial)
JOHN L LARSEN
Mailing Address 11688 TANGLEWOOD DRIVE
City EDEN PRAIRIE State MN Zip Code 55347
FEC ID number of contributing federal political committee. **C**
Name of Employer AmeriChoice Occupation President Evercare
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402445625350
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KARA J RIOS
Mailing Address 5116 DUGGAN PLAZA
City EDINA State MN Zip Code 55439
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.90
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402445725350
Amount of Each Receipt this Period 749.90
P/R Deduction (\$250.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOY O HIGA
Mailing Address 2208 ELM AVENUE
City MANHATTAN BEACH State CA Zip Code 90266
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR2402446225350
Amount of Each Receipt this Period 90.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 989.90
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 97 / 124
(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 (Last, First, Middle Initial)
SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City State Zip Code
LANSDOWNE VA 20176

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2120.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2402446325350

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
UnitedHealth Group, Inc. President Americhoice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2510.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2402446425350

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 4203 BRADLEY LANE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2405428825350

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional) ► **1176.90**

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 98 / 124

(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.	Full Name (Last, First, Middle Initial) CHRIS A SCHERER		Date of Receipt																				
	Mailing Address 1044 ST JAMES PARK AVE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2		3	1		2	0	1	0													
	City	State	Zip Code																				
MONROE	MI	48161																					
FEC ID number of contributing federal political committee. C		Transaction ID: PR2405429025350																					
Name of Employer UnitedHealth Group, Inc.		Occupation VP Operations	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	30.00																				
			P/R Deduction (\$10.00 Bi-Weekly)																				

B.	Full Name (Last, First, Middle Initial) JOSEPH R STEVENS		Date of Receipt																				
	Mailing Address 1621 BERKSHIRE RD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2		3	1		2	0	1	0													
	City	State	Zip Code																				
COLUMBUS	OH	43221																					
FEC ID number of contributing federal political committee. C		Transaction ID: PR2405429125350																					
Name of Employer UnitedHealth Group, Inc.		Occupation Govt Rel Dir	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.60	142.80																				
			P/R Deduction (\$47.60 Bi-Weekly)																				

C.	Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAD		Date of Receipt																				
	Mailing Address ONE HARBORSIDE PLACE UNIT 701		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2		3	1		2	0	1	0													
	City	State	Zip Code																				
JERSEY CITY	NJ	07311																					
FEC ID number of contributing federal political committee. C		Transaction ID: PR2405430225350																					
Name of Employer AmeriChoice		Occupation VP Operations	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	120.00																				
			P/R Deduction (\$40.00 Bi-Weekly)																				

SUBTOTAL of Receipts This Page (optional)	292.80
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 99 / 124
	<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.	Full Name (Last, First, Middle Initial) KAREN ANN SAELENS	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 105 N FLORENCE AVE	Transaction ID: PR2408544825350
	City State Zip Code LITCHFIELD PARK AZ 85340	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KATHLYN G WEE	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 4118 38TH ST NW	Transaction ID: PR2408545025350
	City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) GAIL KOZIARA BOUDREAUX	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 841 HOLDEN COURT	Transaction ID: PR2437119525350
	City State Zip Code LAKE FOREST IL 60045	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.90	P/R Deduction (\$0.10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 100 / 124
(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.

Full Name (Last, First, Middle Initial)
SCOTT A BOWERS

Mailing Address 809 GADSDEN PLACE

City State Zip Code
FRANKLIN TN 37067

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

Name of Employer UnitedHealth Group, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2437119625350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City State Zip Code
DUBLIN OH 43017

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

Name of Employer UnitedHealth Group, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2437119725350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ANA T FUENTEVILLA

Mailing Address 4815 NORTH CAMINO ESCUELA

City State Zip Code
TUCSON AZ 85718

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

Name of Employer UnitedHealth Group, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2437119825350

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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 101 / 124
(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.

Full Name (Last, First, Middle Initial) RITA FAYE JOHNSON-MILLS		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 9727 SKY LANE		Transaction ID: PR2437120125350
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.

Full Name (Last, First, Middle Initial) DAVID K LIVINGSTON		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 24570 RIDGE POLE COURT		Transaction ID: PR2437120225350
City SOUTH LYON	State MI	Zip Code 48178
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) DAVID WILLIAM THOMAS		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 841 LAKE ROAD		Transaction ID: PR2437120425350
City BRADFORD WOODS	State PA	Zip Code 15015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 102 / 124
(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.	Full Name (Last, First, Middle Initial) JACK S WEISS		Date of Receipt
	Mailing Address 6245 NORTH 75 STREET		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SCOTTSDALE	AZ	85250
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Manager	Transaction ID: PR2437120525350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="75.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PAUL JOSEPH BALTHAZOR		Date of Receipt
	Mailing Address 9013 FARNSWORTH AVENUE NORTH		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BROOKLYN PARK	MN	55443
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Manager	Transaction ID: PR2437120725350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1080.00"/>	Amount of Each Receipt this Period <input type="text" value="180.00"/>
			P/R Deduction (\$60.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KELLY L CLARK		Date of Receipt
	Mailing Address 13540 BIRCHWOOD AVENUE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ROSEMOUNT	MN	55068
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Manager	Transaction ID: PR2437121325350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="999.96"/>	Amount of Each Receipt this Period <input type="text" value="115.38"/>
			P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="370.38"/>
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 103 / 124
(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 (Last, First, Middle Initial)
LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2437121525350

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation
UnitedHealth Group Government Affairs Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2439928025350

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
UnitedHealth Group Government Affairs Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2444265725350

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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 104 / 124
(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.

Full Name (Last, First, Middle Initial) LORI C MCDUGAL		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 19705 LAKEVIEW AVENUE		Transaction ID: PR2445015325350
City DEEPHAVEN	State Zip Code MN 55331	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer UnitedHealthcare	Occupation UH Military and Veteran Services Execu	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	

B.

Full Name (Last, First, Middle Initial) DONALD S LANGER		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 177 SOUTHBOROUGH ROAD		Transaction ID: PR2445015425350
City SOUTHINGTON	State Zip Code CT 06489	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.

Full Name (Last, First, Middle Initial) CHARLES L WILKINS		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 10827 MOUNT CURVE ROAD		Transaction ID: PR2445016625350
City EDEN PRAIRIE	State Zip Code MN 55347	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer OptumHealth	Occupation Executive Senior Manager	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional)	936.90
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 105 / 124
(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 (Last, First, Middle Initial)
SABRINA FERGUSON
 Mailing Address 204 CHESTNUT DRIVE
 City State Zip Code
BRANDON MS 39047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2445017225350
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
EILEEN J LIVERANI
 Mailing Address 100 BOSTOCK ROAD
 City State Zip Code
SHOKAN NY 12481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 498.60
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2460167225350
 Amount of Each Receipt this Period 83.10
 P/R Deduction (\$27.70 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JUNE THIELEN
 Mailing Address 6245 WAKEFIELD COURT
 City State Zip Code
SHAKOPEE MN 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.40
 Date of Receipt 12 / 31 / 2010
Transaction ID: PR2460167525350
 Amount of Each Receipt this Period 41.40
 P/R Deduction (\$13.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **184.50**
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 106 / 124
	<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.	Full Name (Last, First, Middle Initial) KARIN KEITEL		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3918 HAVEN ROAD		Transaction ID: PR2460167625350
	City MINNETONKA	State MN	Zip Code 55345
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Ingenix	Occupation Senior Manager	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

B.	Full Name (Last, First, Middle Initial) SHELBY P SOLOMON		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5702 BLAKE ROAD		Transaction ID: PR2460167925350
	City EDINA	State MN	Zip Code 55436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 345.00
	Name of Employer Ingenix	Occupation Senior Manager	P/R Deduction (\$115.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2070.00		

C.	Full Name (Last, First, Middle Initial) JELKA S PETROVIC		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 4454 PEPPER MILL LANE		Transaction ID: PR2460168025350
	City ORION	State MI	Zip Code 48359
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional)	▶	555.00
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 107 / 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LARRY C RENFRO	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5 DOVE LANE	Transaction ID: PR2460168125350
	City ANDOVER State MA Zip Code 01810	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer UnitedHealth Group Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3461.40	

B.	Full Name (Last, First, Middle Initial) DAVID B ORBUCH	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3370 SYCAMORE LANE	Transaction ID: PR2460168225350
	City PLYMOUTH State MN Zip Code 55441	Amount of Each Receipt this Period 115.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.50 Bi-Weekly)
	Name of Employer UnitedHealth Group Occupation Senior Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 693.00	

C.	Full Name (Last, First, Middle Initial) ERIC J WEXLER	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 7220 WILLOW OAK DR	Transaction ID: PR2463723125350
	City WEST BLOOMFIELD State MI Zip Code 48324	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$32.00 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 512.00	

SUBTOTAL of Receipts This Page (optional)	788.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 108 / 124
(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 (Last, First, Middle Initial)
KAREN L WALKOWSKI

Mailing Address 6359 COUNTRY ROAD

City State Zip Code
EDEN PRAIRIE MN 55346

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2463723425350

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ERIC A SCHUTT

Mailing Address 2675 TOWER ROAD

City State Zip Code
MCFARLAND WI 53558

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

Name of Employer Occupation
UnitedHealth Group Government Affairs Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2463724125350

Amount of Each Receipt this Period 187.50

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

C. Full Name (Last, First, Middle Initial)
SUE SCHICK

Mailing Address 100 EAST PENN SQUARE SUITE 410

City State Zip Code
PHILADELPHIA PA 19107

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

Name of Employer Occupation
UnitedHealthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2480620525350

Amount of Each Receipt this Period 375.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **622.50**

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 109 / 124
(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. Full Name (Last, First, Middle Initial)
JO ANNE M ANDERSON

Mailing Address 6236 KNOLL DRIVE

City EDINA State MN Zip Code 55436

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

Name of Employer Ovations Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 994.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2484541625350

Amount of Each Receipt this Period: 213.00

P/R Deduction (\$71.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MATTHEW A BURNS

Mailing Address 250 6TH STREET EAST
APT 407

City ST PAUL State MN Zip Code 55101

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

Name of Employer Ovations Occupation Communications Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2484541725350

Amount of Each Receipt this Period: 150.00

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

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

Mailing Address 5965 LAKE LINDEN COURT

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer UnitedHealth Group Occupation Human Capital Senior Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 884.10

Date of Receipt: 12 / 31 / 2010

Transaction ID: PR2484541925350

Amount of Each Receipt this Period: 189.45

P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 552.45

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 110 / 124

(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.

Full Name (Last, First, Middle Initial)
LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City State Zip Code
BLUE BELL PA 19422

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: PR2484542125350

Amount of Each Receipt this Period

90.00

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

B.

Full Name (Last, First, Middle Initial)
KEVIN KNARR

Mailing Address 3138 O STREET NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
UnitedHealth Group Enterprise Operations Senior Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

Date of Receipt

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

Transaction ID: PR2484542325350

Amount of Each Receipt this Period

115.38

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

C.

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

Mailing Address 619 GIST AVENUE

City State Zip Code
SILVER SPRING MD 20910

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: PR2486697825350

Amount of Each Receipt this Period

150.00

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

SUBTOTAL of Receipts This Page (optional)

355.38

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 111 / 124
(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. Full Name (Last, First, Middle Initial)
THOMAS B MANDERFELD

Mailing Address 4835 PENN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55419

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2486697925350

Amount of Each Receipt this Period
120.00

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

B. Full Name (Last, First, Middle Initial)
DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City State Zip Code
BURNSVILLE MN 55337

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

Name of Employer Occupation
UnitedHealthcare Operations Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2491457025350

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
JOHN G NACKEL

Mailing Address 666 LINDA VISTA AVENUE

City State Zip Code
PASADENA CA 91105

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

Name of Employer Occupation
Ingenix Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 873.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR2491457225350

Amount of Each Receipt this Period
291.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **711.00**

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 112 / 124
(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.

Full Name (Last, First, Middle Initial)
CHRISTOPHER S STANLEY

Mailing Address 12934 W 81ST AVE

City State Zip Code
ARVADA CO 80005

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

Name of Employer Occupation
UnitedHealth Group, Inc. Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: PR2491457425350

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
UnitedHealthcare Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 873.00

Date of Receipt

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

Transaction ID: PR2491457525350

Amount of Each Receipt this Period

291.00

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

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

45486.46

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 32705365

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2010

Amount of Each Disbursement this Period

15500.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Yarbrough for Senate

Mailing Address 2241 E. Pecos Road Suite 3

City State Zip Code
Chandler AZ 85225

Purpose of Disbursement
Steven Yarbrough, STATE SENATE 21st AZ

Candidate Name
AZ Sen. Steven Yarbrough

Office Sought: House
 Senate
 President

State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 32741223

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2010

Amount of Each Disbursement this Period

300.00

011
Category/
Type

Steven Yarbrough, STATE SENATE 21st AZ

C. Full Name (Last, First, Middle Initial)
Steve Pierce for Senate 2010

Mailing Address 14000 N. 7V Ranch Road

City State Zip Code
Prescott AZ 86305

Purpose of Disbursement
Steve Pierce, STATE SENATE 1st AZ

Candidate Name
AZ Sen. Steve Pierce

Office Sought: House
 Senate
 President

State: AZ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 32741230

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2010

Amount of Each Disbursement this Period

390.00

011
Category/
Type

Steve Pierce, STATE SENATE 1st AZ

SUBTOTAL of Disbursements This Page (optional) ▶

16190.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 124

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

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

A.	Full Name (Last, First, Middle Initial) Tobin 2010 Mailing Address PO Box 28035 City Prescott Valley State AZ Zip Code 86312 Purpose of Disbursement Andrew Tobin, STATE HOUSE 1st AZ Candidate Name AZ Rep. Andrew Tobin, Sr.	Transaction ID: 32741233 Date of Disbursement 12 / 14 / 2010	Amount of Each Disbursement this Period 390.00
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 Andrew Tobin, STATE HOUSE 1st AZ	
B.	Full Name (Last, First, Middle Initial) Friends of John McComish Mailing Address 4463 East Desert View Drive City Phoenix State AZ Zip Code 85044 Purpose of Disbursement John McComish, STATE HOUSE 20th AZ Candidate Name AZ Rep. John McComish	Transaction ID: 32741237 Date of Disbursement 12 / 14 / 2010	Amount of Each Disbursement this Period 300.00
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 20 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 John McComish, STATE HOUSE 20th AZ	
C.	Full Name (Last, First, Middle Initial) Vote Reagan 2010 Mailing Address 5235 W. Woodmere Fairway City Scottsdale State AZ Zip Code 85250 Purpose of Disbursement Michele Reagan, STATE SENATE 8th AZ Candidate Name AZ Sen. Michele Reagan	Transaction ID: 32741238 Date of Disbursement 12 / 14 / 2010	Amount of Each Disbursement this Period 390.00
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 Michele Reagan, STATE SENATE 8th AZ	

SUBTOTAL of Disbursements This Page (optional) ▶

1080.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John Nelson Mailing Address 14044 W. Greentree Drive S. City Litchfield Park State AZ Zip Code 85340 Purpose of Disbursement John Nelson, STATE SENATE 12th AZ Candidate Name AZ Sen. John Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District:	Transaction ID: 32741239 Date of Disbursement 12 / 14 / 2010	Amount of Each Disbursement this Period 300.00 John Nelson, STATE SENATE 12th AZ
B.	Full Name (Last, First, Middle Initial) Pearce for Arizona Mailing Address 1247 E. Inca Street City Mesa State AZ Zip Code 85203 Purpose of Disbursement Russell Pearce, STATE SENATE 18th AZ Candidate Name AZ Sen. Russell Pearce Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District:	Transaction ID: 32741240 Date of Disbursement 12 / 14 / 2010	Amount of Each Disbursement this Period 390.00 Russell Pearce, STATE SENATE 18th AZ
C.	Full Name (Last, First, Middle Initial) Elect Kirk Adams Mailing Address 3851 E. Main Street City Mesa State AZ Zip Code 85205 Purpose of Disbursement Kirk Adams, STATE HOUSE 19th AZ Candidate Name AZ Rep. Kirk Adams Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 19	Transaction ID: 32741394 Date of Disbursement 12 / 15 / 2010	Amount of Each Disbursement this Period 390.00 Kirk Adams, STATE HOUSE 19th AZ

SUBTOTAL of Disbursements This Page (optional) ▶	1080.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nancy Barto for Senate	Transaction ID: 32741475 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3631 E. Rockwood Drive	Amount of Each Disbursement this Period 390.00
	City Phoenix State AZ Zip Code 85050	
	Purpose of Disbursement Nancy Barto, STATE SENATE 7th AZ	011 Category/ Type
	Candidate Name AZ Sen. Nancy Barto	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Nancy Barto, STATE SENATE 7th AZ

B.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Chad Campbell	Transaction ID: 32741642 Date of Disbursement 12 / 15 / 2010
	Mailing Address PO Box 25456	Amount of Each Disbursement this Period 250.00
	City Phoenix State AZ Zip Code 85002	
	Purpose of Disbursement Chad Campbell, STATE HOUSE 14th AZ	011 Category/ Type
	Candidate Name AZ Rep. Chad Campbell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 14	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Chad Campbell, STATE HOUSE 14th AZ

C.	Full Name (Last, First, Middle Initial) Friends of Josh Green	Transaction ID: 32743743 Date of Disbursement 12 / 15 / 2010
	Mailing Address 54-3877 Akoni Pule Highway	Amount of Each Disbursement this Period 1000.00
	City Kapaa State HI Zip Code 96755	
	Purpose of Disbursement Josh Green, STATE SENATE 3rd HI	011 Category/ Type
	Candidate Name HI Sen. Josh Green, MD	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Josh Green, STATE SENATE 3rd HI

SUBTOTAL of Disbursements This Page (optional)	▶	1640.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Ryan Yamane</p> <p>Mailing Address 94-1466 Okupu Street</p> <p>City Waipahu State HI Zip Code 96797</p> <p>Purpose of Disbursement Ryan Yamane, STATE HOUSE 37th HI</p> <p>Candidate Name HI Rep. Ryan Yamane</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 37</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743744 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Ryan Yamane, STATE HOUSE 37th HI</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of John Mizuno</p> <p>Mailing Address PO Box 215</p> <p>City Honolulu State HI Zip Code 96810</p> <p>Purpose of Disbursement John Mizuno, STATE HOUSE 30th HI</p> <p>Candidate Name HI Rep. John Mizuno</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 30</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743745 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>John Mizuno, STATE HOUSE 30th HI</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Scott Nishimoto</p> <p>Mailing Address 3191 Charles Street</p> <p>City Honolulu State HI Zip Code 96816</p> <p>Purpose of Disbursement Scott Nishimoto, STATE HOUSE 21st HI</p> <p>Candidate Name HI Rep. Scott Nishimoto</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 21</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743746 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Scott Nishimoto, STATE HO- USE 21st HI</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Ken Ito</p> <p>Mailing Address PO Box 4354</p> <p>City Kaneohe State HI Zip Code 96744</p> <p>Purpose of Disbursement Ken Ito, STATE HOUSE 48th HI</p> <p>Candidate Name Representa Ken Ito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 48</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743747 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Ken Ito, STATE HOUSE 48th HI</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of David Ige</p> <p>Mailing Address 988-635 Kaahele Street</p> <p>City Aiea State HI Zip Code 96701</p> <p>Purpose of Disbursement David Ige, STATE SENATE 16th HI</p> <p>Candidate Name Senator David Ige</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743748 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>David Ige, STATE SENATE 16th HI</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Rosalyn Baker</p> <p>Mailing Address PO Box 10394</p> <p>City Lahaina State HI Zip Code 96761-0394</p> <p>Purpose of Disbursement Rosalyn Baker, STATE SENATE 5th HI</p> <p>Candidate Name HI Sen. Rosalyn Baker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32743749 Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Rosalyn Baker, STATE SENA-TE 5th HI</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Rosalyn Baker	Transaction ID: 32743750 Date of Disbursement
	Mailing Address PO Box 10394	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lahaina State HI Zip Code 96761-0394	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - PO Box 10394	<input type="text" value="-500.00"/>
	Candidate Name HI Sen. Rosalyn Baker	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - PO Box 10394

B.	Full Name (Last, First, Middle Initial) Friends of Rosalyn Baker	Transaction ID: 32743751 Date of Disbursement
	Mailing Address PO Box 10394	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lahaina State HI Zip Code 96761-0394	Amount of Each Disbursement this Period
	Purpose of Disbursement Rosalyn Baker, STATE SENATE 5th HI	<input type="text" value="500.00"/>
	Candidate Name HI Sen. Rosalyn Baker	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Rosalyn Baker, STATE SENA- TE 5th HI

C.	Full Name (Last, First, Middle Initial) Friends of Suzanne Chun-Oakland	Transaction ID: 32743752 Date of Disbursement
	Mailing Address PO Box 4354	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kaneohe State HI Zip Code 96744	Amount of Each Disbursement this Period
	Purpose of Disbursement Suzanne Chun-Oakland, STATE SENATE 13th HI	<input type="text" value="1000.00"/>
	Candidate Name HI Sen. Suzanne Chun-Oakland	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Suzanne Chun-Oakland, STA- TE SENATE 13th HI

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) North Carolina Republican Party</p> <p>Mailing Address 1506 Hillsborough Street</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32751217 Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action Committee of Iowa</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32752483 Date of Disbursement 12 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action Committee of Iowa</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement Void - UnitedHealth Group Inc Political Action Committee of Iowa</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32752484 Date of Disbursement 12 / 18 / 2010</p> <p>Amount of Each Disbursement this Period -2200.00</p> <p>011 Category/ Type</p> <p>Void - UnitedHealth Group Inc Political Action Committee of Iowa</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

UnitedHealth Group Inc Political Action Committee of Iowa

Mailing Address 9900 Bren Road East

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 32752485

Date of Disbursement

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

Amount of Each Disbursement this Period

2200.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

27690.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee <hr/> Mailing Address 607 4th Street NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name New Democrat Coalition Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32741209 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 <hr/> Category/ Type 011

B. Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address Po Box 278 <hr/> City Strafford State MO Zip Code 65757 <hr/> Purpose of Disbursement DEBT RETIREMENT <hr/> Candidate Name Roy Blunt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32741214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 <hr/> Category/ Type 011 DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial) Manchin For West Virginia <hr/> Mailing Address PO Box 5202 <hr/> City Charleston State WV Zip Code 25361 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Joe Manchin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32741217 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 <hr/> Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Marco Rubio For Us Senate	Transaction ID: 32743733 Date of Disbursement
	Mailing Address 2030 South Douglas Road Suite 105	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Coral Gables FL 33134	Amount of Each Disbursement this Period
	Purpose of Disbursement DEBT RETIREMENT	<input type="text" value="5000.00"/>
	Candidate Name Mr. Marco Rubio	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010
		DEBT RETIREMENT

B.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 32743734 Date of Disbursement
	Mailing Address 201 North Union Street Suite 300	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Alexandria VA 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Mark Warner	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JAZZ PAC	Transaction ID: 32752482 Date of Disbursement
	Mailing Address 10 G Street, NE Suite 470	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JAZZ PAC	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
Void - Manchin For West Virginia

Candidate Name
Mr. Joe Manchin

Office Sought: House
 Senate
 President

State: WV District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32752594

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

-2500.00

Void - Manchin For West Virginia

B.

Full Name (Last, First, Middle Initial)
Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement

Candidate Name
Mr. Joe Manchin

Office Sought: House
 Senate
 President

State: WV District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32752595

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

19500.00