

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 04 2008 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 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 10 20 2008

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
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| M | M |
| 1 | 0 |

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| D | D |
| 1 | 5 |

|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 243715.76 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 321610.23               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 14400.24                | 528699.21                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 336010.47               | 772414.97                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 50000.00                | 486404.50                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 286010.47               | 286010.47                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 5 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 13479.86                      | 287829.22                         |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 920.38                        | 55833.12                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 14400.24                      | 343662.34                         |
| (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) .....     | 14400.24                      | 343662.34                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 163964.67                         |
| 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                          | 13000.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 8072.20                           |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 14400.24                      | 528699.21                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 14400.24                      | 528699.21                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....         | 17000.00                              | 282500.00                                 |
| 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.....   | 33000.00                              | 203904.50                                 |
| 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))..       | 50000.00                              | 486404.50                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 50000.00                              | 486404.50                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 14400.24                      | 343662.34                         |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 14400.24                      | 343662.34                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 116                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MOLLIE CHAPMAN           |   | Date of Receipt   |
|   | Mailing Address 226 BERNARD DR                                      |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                                     | Zip Code  |
|   | MONROE  | OH  | 45050   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR1159790520376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Sr Hospital Network Manager | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>210.00        | <input type="text"/> 10.00  |
|   |   |   | P/R Deduction (\$10.00 Bi-Weekly)   |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>KEN L HOVERMAN           |   | Date of Receipt   |
|   | Mailing Address 16221 SIERRA DE AVILA                               |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                                     | Zip Code  |
|   | TAMPA   | FL  | 33613   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR1159790920376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Regional Marketing Director | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>630.00        | <input type="text"/> 30.00  |
|   |   |   | P/R Deduction (\$30.00 Bi-Weekly)   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>ROBERT J SHEEHY          |                                      | Date of Receipt   |
|   | Mailing Address 5805 MAIT LN  |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                                | Zip Code  |
|   | EDINA   | MN                                   | 55436   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> PR1159794020376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>SVP UnitedHealth Group | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>3990.00  | <input type="text"/> 190.00   |
|   |   |                                      | P/R Deduction (\$190.00 Bi-Weekly)  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 230.00 |
| <b>TOTAL</b> 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 7 / 116  
(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)  
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. Sr Program Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1159794120376

Amount of Each Receipt this Period  
10.00

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) ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1159794620376

Amount of Each Receipt this Period  
20.00

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. Director Network Dvlpmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1159798220376

Amount of Each Receipt this Period  
19.23

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 49.23

**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: (check only one)   | PAGE 8 / 116 |
|   | <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)

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>CHERYL A POPECK |   | Date of Receipt   |
|   | Mailing Address 1770 ADAMS STREET                          |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State   | Zip Code  |
|   | LONGWOOD   | FL  | 32750   |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>                                  | <b>Transaction ID:</b> PR1159799420376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Program Director                                  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="10.00"/>  |
|   |  |   | P/R Deduction (\$10.00 Bi-Weekly)   |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>HERBERT L WHETSTINE |   | Date of Receipt   |
|   | Mailing Address 22351 WAGONWHEEL TRA                           |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State   | Zip Code  |
|   | LAKEVILLE  | MN  | 55044   |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>                                  | <b>Transaction ID:</b> PR1159803620376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Director Aviation & Corp Pilots                   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="201.81"/> | <input type="text" value="9.61"/>   |
|   |  |   | P/R Deduction (\$9.61 Bi-Weekly)  |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>BRIAN R BELLOWS |   | Date of Receipt   |
|   | Mailing Address 10 SHADOWOOD LANE                          |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State   | Zip Code  |
|   | TRUMBULL   | CT  | 06611-5014  |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>                                  | <b>Transaction ID:</b> PR1159803820376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>VP Sales - Uniprise                               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="315.00"/> | <input type="text" value="15.00"/>  |
|   |  |   | P/R Deduction (\$15.00 Bi-Weekly)   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="34.61"/> |
| <b>TOTAL</b> 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 9 / 116  
(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)<br>KEITH W NOBLITT  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 984 FAIRVIEW CLUB CIRCLE  |  | <b>Transaction ID:</b> PR1159805520376              |
| City<br>DACULA  | State Zip Code<br>GA 30019                   |   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Strategic Client Exec-Uniprise | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00           |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>JAMES S WATSON   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 6520 SHENANDOAH DR  |   | <b>Transaction ID:</b> PR1159806020376              |
| City<br>LINCOLN   | State Zip Code<br>NE 68510                |   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>19.23         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Regulatory Affairs | P/R Deduction (\$19.23 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>403.83        |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>MARILYN C NEVIN  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 4336 BROWDALE   |  | <b>Transaction ID:</b> PR1159807420376              |
| City<br>ST LOUIS PARK   | State Zip Code<br>MN 55424             |   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>10.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Risk Management | P/R Deduction (\$10.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00     |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 49.23 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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. Director Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159809120376

Amount of Each Receipt this Period  
11.54

P/R Deduction (\$11.54 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. Chief Marketing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159812620376

Amount of Each Receipt this Period  
192.30

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159812820376

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 242.30

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

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

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

FOR LINE NUMBER: PAGE 11 / 116  
(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)  
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 ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159815920376

Amount of Each Receipt this Period  
192.30

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

**B.** 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 ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159816420376

Amount of Each Receipt this Period  
100.00

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

**C.** 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 Occupation  
UnitedHealth Group, Inc. EVP UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159816620376

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **392.30**

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

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

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

FOR LINE NUMBER: PAGE 12 / 116  
(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 S PENSCHORN

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 Occupation  
UnitedHealth Group, Inc. SVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159816920376

Amount of Each Receipt this Period  
100.00

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

**B.** 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 Occupation  
United Health Group Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 735.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159817420376

Amount of Each Receipt this Period  
35.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOHN R MACH JR

Mailing Address 7431 SHANNON DRIVE

City State Zip Code  
EDINA MN 55439

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

Name of Employer Occupation  
UnitedHealth Group, Inc. President EverCare

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3507.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159817620376

Amount of Each Receipt this Period  
167.00

P/R Deduction (\$167.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **302.00**

**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 13 / 116  
(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 EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group Occupation Business Segment Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1159817920376

Amount of Each Receipt this Period 19.00

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

**B.**

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

Mailing Address 5769 CEDAR GROVE CR

City PLANO State TX Zip Code 75093

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

Name of Employer UnitedHealth Group Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1159819120376

Amount of Each Receipt this Period 38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM E MOELLER

Mailing Address 2233 WYNDANCE WAY

City NORTHBROOK State IL Zip Code 60062-8617

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

Name of Employer UnitedHealth Group Occupation SVP Relationship & Bus Dvlpmnt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1159819520376

Amount of Each Receipt this Period 76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 134.38

**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 14 / 116  
(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)  
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: UnitedHealth Group  
Occupation: EVP Consumr Health & Med Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2422.98

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1159819820376  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City State Zip Code  
HIGHLAND PARK NJ 08904-1851

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 ▼ 262.50

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1159820220376  
Amount of Each Receipt this Period: 12.50  
P/R Deduction (\$12.50 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DEBRA A OBERMAN

Mailing Address 4212 ALDEN DR

City State Zip Code  
EDINA MN 55416

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

Name of Employer: UnitedHealth Group, Inc.  
Occupation: Director State Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1159820720376  
Amount of Each Receipt this Period: 19.23  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.11

**TOTAL** This Period (last page this line 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 / 116

(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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>WILLIAM D YOUNG          | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 3032 TEMPLE TRAIL                                   | <b>Transaction ID:</b> PR1159821320376                        |
|   | City State Zip Code<br>WINTER PARK FL 32789                         | Amount of Each Receipt this Period<br>38.45                   |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$38.45 Bi-Weekly)                             |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Medical Director                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>807.45                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>WILLIAM C TRACY          | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 13016 CANTERBURY                                    | <b>Transaction ID:</b> PR1159821520376                        |
|   | City State Zip Code<br>LEAWOOD KS 66209                             | Amount of Each Receipt this Period<br>57.70                   |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$57.70 Bi-Weekly)                             |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Health Plan CEO                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1211.70                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MICHAEL M HAWKINS        | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 11137 AMESITE TRAIL                                 | <b>Transaction ID:</b> PR1159822020376                        |
|   | City State Zip Code<br>AUSTIN TX 78726-2422                         | Amount of Each Receipt this Period<br>11.54                   |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$11.54 Bi-Weekly)                             |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Medical Director                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>242.34                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>107.69</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(check only one)

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

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

**A.**

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

Mailing Address 16907 49TH PLACE N

City State Zip Code  
PLYMOUTH MN 55446

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159823520376

Amount of Each Receipt this Period  
30.00

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

**B.**

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

Mailing Address 1655 FOX STREET

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159827420376

Amount of Each Receipt this Period  
76.92

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. Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1159828720376

Amount of Each Receipt this Period  
11.54

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.46**

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



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 17 / 116 |
|   | <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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>JEANNINE M RIVET     | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 4305 TRILLIUM WAY                               | <b>Transaction ID:</b> PR1159830020376              |
|   | City State Zip Code<br>MINNETRISTA MN 55364-7708                | Amount of Each Receipt this Period<br>192.30        |
|   | FEC ID number of contributing federal political committee.<br>C | P/R Deduction (\$192.30 Bi-Weekly)                  |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. EVP UHG |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.30                             |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>JACK E SHUFF                              | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 6385 SPINNAKER LANE  | <b>Transaction ID:</b> PR1159830520376              |
|   | City State Zip Code<br>ALPHARETTA GA 30005-6976                                      | Amount of Each Receipt this Period<br>19.23         |
|   | FEC ID number of contributing federal political committee.<br>C                      | P/R Deduction (\$19.23 Bi-Weekly)                   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. SB VP Sales and Account Mgmt |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>403.83   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>PAUL J GRANDPRE                           | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 44 SATARI DRIVE  | <b>Transaction ID:</b> PR1159837120376              |
|   | City State Zip Code<br>COVENTRY CT 06238-1031  | Amount of Each Receipt this Period<br>10.00         |
|   | FEC ID number of contributing federal political committee.<br>C                      | P/R Deduction (\$10.00 Bi-Weekly)                   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Customer Admin Svcs |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 221.53 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
JOHN F STEVENSON

Mailing Address 5 BARBERRY DRIVE

City State Zip Code  
BURLINGTON CT 06013-1529

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.80

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1159839320376

Amount of Each Receipt this Period: 9.80

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

**B.**

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

Mailing Address 16 SPOEDE LN

City State Zip Code  
SAINT LOUIS MO 63141-7708

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 ▼ 1134.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1159840420376

Amount of Each Receipt this Period: 54.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City State Zip Code  
MCLEAN VA 22102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1332013220376

Amount of Each Receipt this Period: 192.30

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **256.10**

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 19 / 116 |
|   | <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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>JOHN KIRCHNER            | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 1 WILLIAMSON LANE                                   | <b>Transaction ID:</b> PR1530190520376              |
|   | City State Zip Code<br>LAMBERTVILLE NJ 08530                        | Amount of Each Receipt this Period<br>38.46         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$38.46 Bi-Weekly)                   |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Executive Director                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>807.66                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>THELMA DUGGIN            | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 7214 EVANS MILL ROAD                                | <b>Transaction ID:</b> PR1530799220376              |
|   | City State Zip Code<br>MCLEAN VA 22101                              | Amount of Each Receipt this Period<br>192.31        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$192.31 Bi-Weekly)                  |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Regl President AmeriChoice                            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.35                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>ROBERT J BOHNENKAMP      | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 4925 WOODS COURT                                    | <b>Transaction ID:</b> PR1551005620376              |
|   | City State Zip Code<br>GREENWOOD MN 55331                           | Amount of Each Receipt this Period<br>192.30        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$192.30 Bi-Weekly)                  |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Business Segment CIO                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.30                                 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>423.07</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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. Director Care Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551005720376

Amount of Each Receipt this Period  
20.00

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 55347-3242

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551122520376

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 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. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551128920376

Amount of Each Receipt this Period  
11.54

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **71.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 116  
(check only one)

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

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

**A.**

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 UnitedHealth Group, Inc. Occupation Director Product Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551132320376

Amount of Each Receipt this Period 20.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JERRY J KNUSTON

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 UnitedHealth Group, Inc. Occupation Business Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551132520376

Amount of Each Receipt this Period 38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City State Zip Code  
SOUTH GLASTONBURY CT 06073

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 ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551133420376

Amount of Each Receipt this Period 19.23

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 77.69

**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 22 / 116  
(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)  
DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City State Zip Code  
MINNEAPOLIS MN 55405

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) ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551160320376

Amount of Each Receipt this Period  
19.23

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

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

Mailing Address 2449 GUYNN AVENUE

City State Zip Code  
CHICO CA 95926

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551160720376

Amount of Each Receipt this Period  
10.00

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

**C.** 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 Occupation  
UnitedHealth Group, Inc. VP Recruitment Svcs

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1615.32

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1551161320376

Amount of Each Receipt this Period  
76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 106.15

**TOTAL** This Period (last page this line 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 / 116  
(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)  
LOIS T WEIHRAUCH

Mailing Address 8045 CHEYENNE AV

City State Zip Code  
CHANHASSEN MN 55317

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1551161420376

Amount of Each Receipt this Period: 54.00

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

**B.**

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: Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1155.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1554323520376

Amount of Each Receipt this Period: 55.00

P/R Deduction (\$55.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City State Zip Code  
WETHERSFIELD CT 06109-2936

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1554323620376

Amount of Each Receipt this Period: 10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.00**

**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 24 / 116  
(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)  
RICK M JELINEK  
 Mailing Address 5570 WOODSIDE LANE  
 City Shorewood State MN Zip Code 55331  
 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 ▼ 4038.30  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1554323920376  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL RADU  
 Mailing Address 42820 VIOLA CT  
 City Leesburg State VA Zip Code 20176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1554324520376  
 Amount of Each Receipt this Period 19.23  
 P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CATHERINE E SPILLANE  
 Mailing Address 3807 PLEASANT VALLEY DRIVE  
 City Missouri City State TX Zip Code 77459-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1554324620376  
 Amount of Each Receipt this Period 19.23  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.76  
**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 25 / 116  
(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)  
KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK State MN Zip Code 55416

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Dvlpmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1554324720376

Amount of Each Receipt this Period: 50.00

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

**B.**

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

Mailing Address 1000 WILDHURST TRAIL

City MOUND State MN Zip Code 55364

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1557899820376

Amount of Each Receipt this Period: 192.30

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

**C.**

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

Mailing Address 12220 54TH AVENUE N

City PLYMOUTH State MN Zip Code 55442

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1575957620376

Amount of Each Receipt this Period: 192.30

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **434.60**

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

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

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

FOR LINE NUMBER: PAGE 26 / 116  
(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: Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1575958120376  
Amount of Each Receipt this Period: 76.92  
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 ▼ 4038.30

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1575958520376  
Amount of Each Receipt this Period: 192.30  
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 ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1580864620376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 279.22

**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 27 / 116  
(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 S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1580864720376

Amount of Each Receipt this Period 38.46

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

**B.** Full Name (Last, First, Middle Initial)  
ROB WEBB

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1580865320376

Amount of Each Receipt this Period 192.30

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

**C.** Full Name (Last, First, Middle Initial)  
CHARLES A BOWLES

Mailing Address 45 GIDEONS POINT ROAD

City State Zip Code  
TONKA BAY MN 55331

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

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596303920376

Amount of Each Receipt this Period 19.23

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.99**

**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: (check only one)   | PAGE 28 / 116 |
|   | <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)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>PAUL H GULSTRAND                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 8729 WYNSTONE PASS   | <b>Transaction ID:</b> PR1596304020376                          |
|   | City State Zip Code<br>EDEN PRAIRIE MN 55347                                   | Amount of Each Receipt this Period<br>192.30                    |
|   | FEC ID number of contributing federal political committee.<br>C                |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. CEO Specialty Benefits |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.30  | P/R Deduction (\$192.30 Bi-Weekly)                              |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>RICHARD J HUGHES                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 735 SAINT MORITZ  | <b>Transaction ID:</b> PR1596304120376                          |
|   | City State Zip Code<br>VICTORIA MN 55386  | Amount of Each Receipt this Period<br>10.00                     |
|   | FEC ID number of contributing federal political committee.<br>C                 |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. VP Human Capital Dvlpmt |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00  | P/R Deduction (\$10.00 Bi-Weekly)                               |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>PAMELA N HURSH                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 16369 MILLFORD DRIVE   | <b>Transaction ID:</b> PR1596304220376                          |
|   | City State Zip Code<br>EDEN PRAIRIE MN 55347                                     | Amount of Each Receipt this Period<br>25.00                     |
|   | FEC ID number of contributing federal political committee.<br>C                  |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Acct Management |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00   | P/R Deduction (\$25.00 Bi-Weekly)                               |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 227.30 |
| <b>TOTAL</b> This Period (last page this line 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 29 / 116  
(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 ▼ 210.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1596304420376  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GAYE A 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 Business Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2422.98  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1596304520376  
 Amount of Each Receipt this Period 115.38  
 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 Director Healthcare Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR1596304620376  
 Amount of Each Receipt this Period 11.54  
 P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 136.92  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 116

(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 18266 DOVE CT

City State Zip Code  
EDEN PRAIRIE MN 55347

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 ▼ 4038.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1596304820376

Amount of Each Receipt this Period

192.30

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

**B.**

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

Mailing Address 10480 BLUFF RD

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1596304920376

Amount of Each Receipt this Period

38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J RUSSO

Mailing Address 2009 FELIZ RD

City State Zip Code  
NOVATO CA 94945

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 242.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1596305020376

Amount of Each Receipt this Period

11.54

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

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

242.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 116  
(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 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: UnitedHealth Group, Inc. Occupation: SVP Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596305620376

Amount of Each Receipt this Period: 19.23

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

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS D LEWIS

Mailing Address 345 BAYSHORE BLVD # P05

City State Zip Code  
TAMPA FL 33606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596306920376

Amount of Each Receipt this Period: 38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 609.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596307020376

Amount of Each Receipt this Period: 29.00

P/R Deduction (\$29.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.69

**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 32 / 116  
(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)  
DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City Tampa State FL Zip Code 33618

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 ▼ 420.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596309720376

Amount of Each Receipt this Period: 20.00

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

**B.**

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

Mailing Address 1643 BRICKELL AVENUE #1906

City MIAMI State FL Zip Code 33129

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 ▼ 2100.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596309820376

Amount of Each Receipt this Period: 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
TROY A BORCA

Mailing Address 3585 CLARE DOWNS PATH

City ROSEMOUNT State MN Zip Code 55068

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1596310420376

Amount of Each Receipt this Period: 10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

**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 33 / 116  
(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 S COOK

Mailing Address 21311 OAK RIDGE CT

City State Zip Code  
SAN ANTONIO TX 78258-6906

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596311320376  
Amount of Each Receipt this Period: 11.54  
P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code  
MIAMI LAKES FL 33014

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 ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596311520376  
Amount of Each Receipt this Period: 19.23  
P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ANNE D DEFUSCO

Mailing Address 567 CORTLAND CIRCLE

City State Zip Code  
CHESHIRE CT 06410

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596311720376  
Amount of Each Receipt this Period: 11.54  
P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 42.31

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 34 / 116 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>JEFFREY P DOOLEY                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 407 GRENACHE CIRCLE   | <b>Transaction ID:</b> PR1596312120376                          |
|   | City State Zip Code<br>CLAYTON CA 94517   | Amount of Each Receipt this Period<br>11.54                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>                 | P/R Deduction (\$11.54 Bi-Weekly)                               |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Acq KA VP SIs and Acct Mgmt |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>242.34 |   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>RICHARD G DUNLOP          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 2964 WYSE COURT                                      | <b>Transaction ID:</b> PR1596312320376                          |
|   | City State Zip Code<br>LEWIS CENTER OH 43035                         | Amount of Each Receipt this Period<br>10.00                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$10.00 Bi-Weekly)                               |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Regional COO |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>210.00 |  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>JILLIAN FOUCRE                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 314 GREENFIELD  | <b>Transaction ID:</b> PR1596312720376                          |
|   | City State Zip Code<br>GLEN ELLYN IL 60137                                    | Amount of Each Receipt this Period<br>20.00                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>           | P/R Deduction (\$20.00 Bi-Weekly)                               |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Reg Network Mgmt Lead |   |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>420.00 |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 41.54 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
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. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596312920376

Amount of Each Receipt this Period  
19.23

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

**B.** Full Name (Last, First, Middle Initial)  
RANDY P GILES

Mailing Address 10819 ROARING BROOK LANE

City State Zip Code  
HOUSTON TX 77024

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 ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596313220376

Amount of Each Receipt this Period  
38.46

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

**C.** Full Name (Last, First, Middle Initial)  
EDWARD J HAWLEY

Mailing Address 1031 LAUDERDALE N

City State Zip Code  
ONALASKA WI 54650

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

Name of Employer Occupation  
UnitedHealth Group, Inc. SB SVP National SIs & AM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596313620376

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **96.15**

**TOTAL** This Period (last page this line 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 / 116  
(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)  
KURT A HEUMANN

Mailing Address 9825 GERALD DR

City SAINT LOUIS State MO Zip Code 63128-1767

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1596313720376

Amount of Each Receipt this Period 20.00

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

**B.** Full Name (Last, First, Middle Initial)  
NANETTE R KARTSONIS

Mailing Address 9804 SAGAMORE

City LEAWOOD State KS Zip Code 66206

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 ▼ 735.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1596314620376

Amount of Each Receipt this Period 35.00

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

**C.** Full Name (Last, First, Middle Initial)  
EDWARD LAGERSTROM

Mailing Address 4425 WEST 52ND STREET

City EDINA State MN Zip Code 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR1596315020376

Amount of Each Receipt this Period 38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 93.46

**TOTAL** This Period (last page this line 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 / 116  
(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)  
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 ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596316820376

Amount of Each Receipt this Period  
19.23

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

**B.**

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. VP Healthcare Strategies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596317120376

Amount of Each Receipt this Period  
192.30

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

**C.**

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

Mailing Address 6500 SW 131 STREET

City State Zip Code  
MIAMI FL 33156

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1596317320376

Amount of Each Receipt this Period  
19.23

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.76**

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

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

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

FOR LINE NUMBER: PAGE 38 / 116  
(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)  
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: UnitedHealth Group, Inc. Occupation: COO UHC & Regional CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596317420376  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$75.00 Bi-Weekly)

**B.** 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: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596317720376  
Amount of Each Receipt this Period: 19.23  
P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014-5488

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596318920376  
Amount of Each Receipt this Period: 11.54  
P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.77

**TOTAL** This Period (last page this line 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 / 116  
(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)  
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. Director Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596319120376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** 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. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596319420376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** 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 RVP Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1596319520376  
Amount of Each Receipt this Period: 19.23  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 39.23

**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 40 / 116  
(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)  
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. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1596319620376

Amount of Each Receipt this Period  
12.50

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

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

Mailing Address 7 CLIFFORD AVENUE

City State Zip Code  
TOLLAND CT 06084-2535

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1596320020376

Amount of Each Receipt this Period  
10.00

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

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

Mailing Address 7324 MURRAYFIELD DR

City State Zip Code  
WORTHINGTON OH 43085-1725

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager IT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** PR1596320120376

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 32.50

**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 41 / 116  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
STEVE L BROECKERT

Mailing Address 231 COACHLITE CT SO

City State Zip Code  
ONALASKA WI 54650

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1600597220376

Amount of Each Receipt this Period  
11.54

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

**B.**

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 Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1600597320376

Amount of Each Receipt this Period  
20.00

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

**C.**

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

Mailing Address 316 SUWANNEE RD

City State Zip Code  
WINTER HAVEN FL 33884

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1600597420376

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 116                |
|   | <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)

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MICHAEL ILE              |  | Date of Receipt   |
|   | Mailing Address 14924 PONDVIEW CIRCLE                               |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State                                    | Zip Code  |
|   | WAYZATA   | MN                                       | 55391   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR1600597620376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Regional Network Mgmt Lead | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>403.83       | <input type="text"/><br>19.23   |
|   |   |  | P/R Deduction (\$19.23 Bi-Weekly)   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>STEPHEN B GREENBERG      |  | Date of Receipt   |
|   | Mailing Address 11508 DALYN TERRACE                                 |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State                                      | Zip Code  |
|   | POTOMAC   | MD   | 20854   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR1600598420376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>CEO Syndicated Content Group | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>403.83         | <input type="text"/><br>19.23   |
|   |   |  | P/R Deduction (\$19.23 Bi-Weekly)   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MICHAEL D MICHAUX        |  | Date of Receipt   |
|   | Mailing Address 742 GOODRICH AVE                                    |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State  | Zip Code  |
|   | SAINT PAUL  | MN   | 55105   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> PR1600598520376  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>VP Acquisitions & Integrations | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>242.34           | <input type="text"/><br>11.54   |
|   |   |  | P/R Deduction (\$11.54 Bi-Weekly)   |

|  |                               |
|--|-------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>50.00 |
| <b>TOTAL</b> 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 43 / 116  
(check only one)

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

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

**A.**

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: UnitedHealth Group, Inc. Occupation: SVP Clinical Advancement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1600598720376  
 Amount of Each Receipt this Period: 65.00  
 P/R Deduction (\$65.00 Bi-Weekly)

**B.**

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

Mailing Address 7013 HIGHOVER COURT SOUTH

City State Zip Code  
CHANHASSEN MN 55317

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1602667520376  
 Amount of Each Receipt this Period: 19.23  
 P/R Deduction (\$19.23 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: UnitedHealth Group, Inc. Occupation: Business Segment CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR1602669920376  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 124.23

**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 44 / 116  
(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)  
JEFF 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: UnitedHealth Group, Inc. Occupation: VP Operations - Evercare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.15

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1613243520376  
Amount of Each Receipt this Period: 96.15  
P/R Deduction (\$96.15 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ALLEN LAWRENCE FINKELSTEIN

Mailing Address 8 EAST 76TH STREET

City State Zip Code  
NEW YORK NY 10021

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 ▼ 807.66

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1620989020376  
Amount of Each Receipt this Period: 38.46  
P/R Deduction (\$38.46 Bi-Weekly)

**C.** 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: UnitedHealth Group, Inc. Occupation: Director Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1632359720376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 144.61

**TOTAL** This Period (last page this line 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 / 116  
(check only one)

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

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

**A.**

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 UnitedHealth Group, Inc. Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR1632360020376

Amount of Each Receipt this Period: 57.70

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

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City State Zip Code  
BURLINGTON CT 06013

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.19

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR1653443120376

Amount of Each Receipt this Period: 15.39

P/R Deduction (\$15.39 Bi-Weekly)

**C.**

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

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code  
EDINA MN 55435

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.49

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR1653443220376

Amount of Each Receipt this Period: 57.69

P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.78**

**TOTAL** This Period (last page this line 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 / 116  
(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 BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Sales Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1653444320376  
Amount of Each Receipt this Period: 57.70  
P/R Deduction (\$57.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SUE E BRAY

Mailing Address 17936 FULDA CIRCLE

City State Zip Code  
LAKEVILLE MN 55044

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1653444420376  
Amount of Each Receipt this Period: 11.54  
P/R Deduction (\$11.54 Bi-Weekly)

**C.** 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: UnitedHealth Group, Inc. Occupation: Director Network Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1653445020376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 79.24

**TOTAL** This Period (last page this line 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 / 116  
(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)  
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. Director IT Project Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1653445820376  
Amount of Each Receipt this Period: 11.54  
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 1313 E STREET NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1677771620376  
Amount of Each Receipt this Period: 76.92  
P/R Deduction (\$76.92 Bi-Weekly)

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

Mailing Address 3568 REMBRANDT ROAD

City State Zip Code  
ATLANTA GA 30327-2638

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1746717820376  
Amount of Each Receipt this Period: 192.30  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.76

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 48 / 116 |
|   | <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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>JOHN T KOUTSOUMPAS JR    | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 7202 CONNECTICUT AVENUE                             | <b>Transaction ID:</b> PR1748514520376              |
|   | City State Zip Code<br>CHEVY CHASE MD 20815                         | Amount of Each Receipt this Period<br>192.30        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$192.30 Bi-Weekly)                  |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>VP Public Policy                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.30                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>ANN DESTWOLINSKI         | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 19117 ARTESIAN COURT                                | <b>Transaction ID:</b> PR1806441620376              |
|   | City State Zip Code<br>DERWOOD MD 20855                             | Amount of Each Receipt this Period<br>11.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$11.00 Bi-Weekly)                   |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Case Mgmt                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>231.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>JASON DUDASH             | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 2918 BACHMAN RD                                     | <b>Transaction ID:</b> PR1806441920376              |
|   | City State Zip Code<br>MANCHESTER MD 21102                          | Amount of Each Receipt this Period<br>10.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$10.00 Bi-Weekly)                   |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Manager Applications Dvlpmnt                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>213.30</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 116                |
|   | <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)

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DIANA KERNER             |                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 215 BROOKFIELD ROAD                                 |                                      | <b>Transaction ID:</b> PR1806442720376              |
|   | City PASADENA   | State MD                             | Zip Code 21122                                      |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | Amount of Each Receipt this Period<br>10.00         |
|   | Name of Employer<br>UnitedHealth Group, Inc.                        | Occupation<br>Director Pharmacy Svcs | P/R Deduction (\$10.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                  |                                      |   |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>KARL H KRAMER            |                          | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 12225 TIMBER RUN CT                                 |                          | <b>Transaction ID:</b> PR1806443020376              |
|   | City MONROVIA   | State MD                 | Zip Code 21770                                      |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | Amount of Each Receipt this Period<br>10.00         |
|   | Name of Employer<br>UnitedHealth Group, Inc.                        | Occupation<br>Manager IT | P/R Deduction (\$10.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                  |                          |   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>JEFF L LEVINE            |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 619 BOND AVE  |  | <b>Transaction ID:</b> PR1806443220376              |
|   | City REISTERSTOWN   | State MD                               | Zip Code 21136                                      |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | Amount of Each Receipt this Period<br>20.00         |
|   | Name of Employer<br>UnitedHealth Group, Inc.                        | Occupation<br>PS Mgr Acct Mgmt (FEHBP) | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                                  |  |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 40.00 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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 TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code  
GREAT FALLS VA 22066

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

Name of Employer: UnitedHealth Group, Inc. Occupation: OpX Business Black Belt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.60

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1806444720376

Amount of Each Receipt this Period: 17.60

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

**B.**

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

Mailing Address 2781 SADDLE CLUB ROAD

City State Zip Code  
GREENWOOD IN 46143

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Sales Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1806750120376

Amount of Each Receipt this Period: 11.54

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

**C.**

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

Mailing Address 3369 STAGE COACH DR

City State Zip Code  
LAFAYETTE CA 94549

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1806750220376

Amount of Each Receipt this Period: 60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.14

**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 51 / 116  
(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 ▼ 807.66

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1806750320376  
Amount of Each Receipt this Period: 38.46  
P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address 3723 ALBEMARLE STREET NW

City State Zip Code  
WASHINGTON DC 20016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 808.50

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1817581120376  
Amount of Each Receipt this Period: 38.50  
P/R Deduction (\$38.50 Bi-Weekly)

**C.** 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: Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.85

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR1832039820376  
Amount of Each Receipt this Period: 28.85  
P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.81

**TOTAL** This Period (last page this line 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 / 116  
(check only one)

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

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

**A.**

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 ▼ 840.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1882850620376

Amount of Each Receipt this Period: 40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE K ANDERSON

Mailing Address 7 W 200 S

City State Zip Code  
DRIGGS ID 83422

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1903550720376

Amount of Each Receipt this Period: 57.70

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

**C.**

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: UnitedHealth Group, Inc. Occupation: Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR1903560820376

Amount of Each Receipt this Period: 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 117.70

**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 53 / 116

(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)

|   |  |                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>SUSAN A CASEY |                                    | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 524 W MINNEHAHA PKWY                     |                                    | <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
|   | M  | M                                  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 1  | 0                                  |  | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City   | State                              | Zip Code   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| MINNEAPOLIS   | MN   | 55419-1260                         |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |  | <b>C</b>                           | <b>Transaction ID:</b> PR1903567820376   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>VP Operations        | Amount of Each Receipt this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>242.34 | 11.54  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |  |                                    | P/R Deduction (\$11.54 Bi-Weekly)  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>ROBERT J DUFEK |                                    | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 816 PROMONTORY PLACE                      |                                    | <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
|   | M   | M                                  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 1   | 0                                  |  | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City  | State                              | Zip Code   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| EAGAN   | MN  | 55123                              |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |   | <b>C</b>                           | <b>Transaction ID:</b> PR1903577120376   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Director IT          | Amount of Each Receipt this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>525.00 | 25.00  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |                                    | P/R Deduction (\$25.00 Bi-Weekly)  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |                                     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>SUSAN B EDBERG |                                     | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 9727 WELLINGTON RIDGE                     |                                     | <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
|   | M   | M                                   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 1   | 0                                   |  | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City  | State                               | Zip Code   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| WOODBURY  | MN  | 55125                               |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |   | <b>C</b>                            | <b>Transaction ID:</b> PR1903578120376   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>VP Customer Service   | Amount of Each Receipt this Period   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2100.00 | 100.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   |   |                                     | P/R Deduction (\$100.00 Bi-Weekly)   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>136.54</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116

(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 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. Director Product Development

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1903591120376

Amount of Each Receipt this Period

10.00

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

**B.**

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 ▼ 242.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1903622020376

Amount of Each Receipt this Period

11.54

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

**C.**

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. Director Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1903636920376

Amount of Each Receipt this Period

19.23

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

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

40.77

**TOTAL** This Period (last page this line 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 / 116  
(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 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 UnitedHealth Group, Inc. Occupation Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR1910417420376

Amount of Each Receipt this Period 11.54

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

**B.** Full Name (Last, First, Middle Initial)  
GARY J AHWAH

Mailing Address 2010 VELEZ DR

City State Zip Code  
RANCHO PALOS VERDE CA 90275

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119466720376

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 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 UnitedHealth Group, Inc. Occupation Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119466820376

Amount of Each Receipt this Period 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 81.54

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 116                |
|   | <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)

|   |  |                                |   |
|---|--|--------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>ALTHEA BARBER-SMITH         |                                | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 3442 ALDERLY LANE                                      |                                | <b>Transaction ID:</b> PR2119467520376                          |
|   | City<br>ORANGE   | State<br>CA                    | Zip Code<br>92867   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                | Amount of Each Receipt this Period<br>20.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Director Appeals | P/R Deduction (\$20.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                                     |                                |   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>JON D D BEATY               |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address PO BOX 1211  |                                     | <b>Transaction ID:</b> PR2119467820376                          |
|   | City<br>CLACKAMAS  | State<br>OR                         | Zip Code<br>97015   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     | Amount of Each Receipt this Period<br>10.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Director Quality Mgmt | P/R Deduction (\$10.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                     |                                     |   |

|   |  |  |   |
|---|--|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>RUSSELL A BENNETT           |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 5 SILVER CREEK   |  | <b>Transaction ID:</b> PR2119468020376                          |
|   | City<br>IRVINE   | State<br>CA                              | Zip Code<br>92603   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |  | Amount of Each Receipt this Period<br>20.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Director Marketing/Bus Dev | P/R Deduction (\$20.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                                     |  |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 50.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 57 / 116 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>SUSAN LYNN BERKEL           | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 10 SHADOW GLEN   | <b>Transaction ID:</b> PR2119468120376              |
|   | City State Zip Code<br>IRVINE CA 92620-0204                            | Amount of Each Receipt this Period<br>192.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | P/R Deduction (\$192.00 Bi-Weekly)                  |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. SVP Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4032.00                                    |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>DAVID N N BOOHER              | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 14812 SUMMERBREEZE WY                                    | <b>Transaction ID:</b> PR2119468620376              |
|   | City State Zip Code<br>SAN DIEGO CA 92128                                | Amount of Each Receipt this Period<br>10.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>   | P/R Deduction (\$10.00 Bi-Weekly)                   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Mgr Pharmacy Ops |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                       |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>KATHIE L BRYAN                  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 912 JOSHUA PLACE   | <b>Transaction ID:</b> PR2119469420376              |
|   | City State Zip Code<br>SAN DIEGO CA 92154                                  | Amount of Each Receipt this Period<br>25.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>     | P/R Deduction (\$25.00 Bi-Weekly)                   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Marketing |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>227.00</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
DANIEL P CADRIEL

Mailing Address 7010 W AURORA DR

City State Zip Code  
GLENDALE AZ 85308

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2119469820376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
COLLEEN CAMPBELL

Mailing Address SUITE 3-628  
1930 VILLAGE CENTER CIR

City State Zip Code  
LAS VEGAS NV 89134

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Quality Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2119469920376  
Amount of Each Receipt this Period: 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ROBIN L CARDER

Mailing Address 17881 W 35TH STEET SOUTH

City State Zip Code  
SAND SPRINGS OK 74063

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Network Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2119470120376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**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 59 / 116 |
|   | <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)

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DAVID S CARLSON |   | Date of Receipt   |
|   | Mailing Address 13130 WESTPORT ST                          |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State   | Zip Code  |
|   | MOORPARK   | CA  | 93021-2958  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Director Marketing                                | <b>Transaction ID:</b> PR2119470220376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="420.00"/> | Amount of Each Receipt this Period<br><input type="text" value="20.00"/>                              |
|   |  |   | P/R Deduction (\$20.00 Bi-Weekly)   |

|   |  |  |   |
|---|--|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>LESLIE J CARTER |  | Date of Receipt   |
|   | Mailing Address 19021 POPPY HILL CIRCLE                    |  | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State  | Zip Code  |
|   | HUNTINGTON BEACH   | CA   | 92648   |
|   | FEC ID number of contributing federal political committee. |  | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Director Network Management                        | <b>Transaction ID:</b> PR2119470320376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="2016.00"/> | Amount of Each Receipt this Period<br><input type="text" value="96.00"/>                              |
|   |  |  | P/R Deduction (\$96.00 Bi-Weekly)   |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MICHAEL J CHIARODIT |   | Date of Receipt   |
|   | Mailing Address 4705 ARCOLA AV                                 |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State   | Zip Code  |
|   | TOLUCA LAKE  | CA  | 91602   |
|   | FEC ID number of contributing federal political committee.     |   | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Acq KA VP SIs and Acct Mgmt                       | <b>Transaction ID:</b> PR2119470520376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | Amount of Each Receipt this Period<br><input type="text" value="10.00"/>                              |
|   |  |   | P/R Deduction (\$10.00 Bi-Weekly)   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="126.00"/> |
| <b>TOTAL</b> 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 60 / 116  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
HAROLD COATS

Mailing Address 8112 SAPHIRE BAY CIRCLE

City State Zip Code  
LAS VEGAS NV 89128

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR2119471020376

Amount of Each Receipt this Period: 50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
RANDELL J CORREIA

Mailing Address PO BOX 1025

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pharm Mail Svcs Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR2119471320376

Amount of Each Receipt this Period: 30.00

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

**C.**

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

Mailing Address 11361 DONOVAN ROAD

City State Zip Code  
ROSSMOOR CA 90720

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 10 / 15 / 2008

Transaction ID: PR2119471820376

Amount of Each Receipt this Period: 25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

**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 / 116  
(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 JOHN CUNNINGHAM, MD

Mailing Address 26321 CANNES

City MISSION VIEJO State CA Zip Code 92692

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 ▼ 420.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119471920376

Amount of Each Receipt this Period: 20.00

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

**B.**

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

Mailing Address 7640 N 10TH AVE

City PHOENIX State AZ Zip Code 85021-7108

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 ▼ 420.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119472520376

Amount of Each Receipt this Period: 20.00

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

**C.**

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

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815-3023

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119472620376

Amount of Each Receipt this Period: 19.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 59.00

**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 / 116  
(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)  
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 Occupation  
UnitedHealth Group, Inc. Director Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119472820376

Amount of Each Receipt this Period  
15.00

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

**B.** 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 Occupation  
UnitedHealth Group, Inc. Director Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 777.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119472920376

Amount of Each Receipt this Period  
37.00

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

**C.** 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 Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119473220376

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **62.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 116  
(check only one)

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

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

**A.**

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 UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119474120376

Amount of Each Receipt this Period 30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT A FRIEDMAN

Mailing Address 24336 LA MASINA CT

City State Zip Code  
CALABASAS CA 91302

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

Name of Employer UnitedHealth Group, Inc. Occupation Acq KA Sales Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119474520376

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 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 UnitedHealth Group, Inc. Occupation Director Industry Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119475120376

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 64 / 116 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>AMY J GILDERNICK     |                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 2709 WILLIAMS GRANT                             |                               | <b>Transaction ID:</b> PR2119475220376                          |
|   | City<br>DEPERE  | State<br>WI                   | Zip Code<br>54115   |
|   | FEC ID number of contributing federal political committee.<br>C |                               | Amount of Each Receipt this Period<br>20.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                    | Occupation<br>Director Claims | P/R Deduction (\$20.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00                              |                               |   |

|   |   |                                  |   |
|---|---|----------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>SANDRA R GLICKMAN    |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 13622 SIOUX RD                                  |                                  | <b>Transaction ID:</b> PR2119475320376                          |
|   | City<br>WESTMINSTER   | State<br>CA                      | Zip Code<br>92683   |
|   | FEC ID number of contributing federal political committee.<br>C |                                  | Amount of Each Receipt this Period<br>10.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                    | Occupation<br>Director Case Mgmt | P/R Deduction (\$10.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                              |                                  |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MARIA C GONZALES     |                             | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 14111 PARKHURST                                 |                             | <b>Transaction ID:</b> PR2119475420376                          |
|   | City<br>SAN ANTONIO   | State<br>TX                 | Zip Code<br>78232   |
|   | FEC ID number of contributing federal political committee.<br>C |                             | Amount of Each Receipt this Period<br>10.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                    | Occupation<br>Mgr Case Mgmt | P/R Deduction (\$10.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                              |                             |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 40.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 65 / 116                |
|   | (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)

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DAVID M HANSEN              |                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 33 VIA CONOCIDO  |                          | <b>Transaction ID:</b> PR2119476720376                          |
|   | City<br>SAN CLEMENTE   | State<br>CA              | Zip Code<br>92673   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                          | Amount of Each Receipt this Period<br>135.00                    |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Region CEO | P/R Deduction (\$135.00 Bi-Weekly)                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2835.00                                    |                          |   |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>MADELINE L HARLAN           |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 5642 E PEABODY STREET                                  |   | <b>Transaction ID:</b> PR2119476920376                          |
|   | City<br>LONG BEACH   | State<br>CA                                 | Zip Code<br>90808   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br>19.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Director Government Relations | P/R Deduction (\$19.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00                                     |   |   |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>ANNE P HARVEY               |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 4916 THOR WAY  |   | <b>Transaction ID:</b> PR2119477220376                          |
|   | City<br>CARMICHAEL   | State<br>CA                                 | Zip Code<br>95608   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br>10.00                     |
|   | Name of Employer<br>UnitedHealth Group, Inc.                           | Occupation<br>Director Regional Network Ops | P/R Deduction (\$10.00 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                     |   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 164.00 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
PAULINE M HAYES

Mailing Address 2093 NORDIC STREET

City ORANGE State CA Zip Code 92865

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

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2119477420376

Amount of Each Receipt this Period 10.00

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

**B.**

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

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2119477920376

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN C HOSKINS

Mailing Address 1918 E DIAMOND DRIVE

City TEMPE State AZ Zip Code 85283

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

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Data Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2119478120376

Amount of Each Receipt this Period 10.00

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 67 / 116  
(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)<br>KEVIN D HOST   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 9090 ROTHERHAM AVE  |  | <b>Transaction ID:</b> PR2119478220376              |
| City<br>SAN DIEGO   | State<br>CA                              | Zip Code<br>92129                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Pharmacy Services | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00       |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>DONNAL HUSER   |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 406 SKYTRAIL DR   |                                    | <b>Transaction ID:</b> PR2119478620376              |
| City<br>NEW BRAUNFELS   | State<br>TX                        | Zip Code<br>78130                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>10.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Spvsr Claims         | P/R Deduction (\$10.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>BRIAN JEFFREY  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 9 RIMROCK   |   | <b>Transaction ID:</b> PR2119479120376              |
| City<br>IRVINE  | State<br>CA                               | Zip Code<br>92603                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Network Management | P/R Deduction (\$25.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00        |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 55.00 |
| <b>TOTAL</b> This Period (last page this line 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 / 116

(check only one)

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

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

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

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>JOHN D JONES<br>Mailing Address 3562 REDWOOD<br>City State Zip Code<br>IRVINE CA 92606-2124<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>UnitedHealth Group, Inc. VP Public/Gov't Affairs-Corp<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 2016.00     | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2008<br><b>Transaction ID:</b> PR2119479220376<br>Amount of Each Receipt this Period<br>96.00<br>P/R Deduction (\$96.00 Bi-Weekly) |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>RONALD W JORDAN<br>Mailing Address 1626 NW 38TH ST<br>City State Zip Code<br>OKLAHOMA CITY OK 73118<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Customer Service<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 315.00 | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2008<br><b>Transaction ID:</b> PR2119479320376<br>Amount of Each Receipt this Period<br>15.00<br>P/R Deduction (\$15.00 Bi-Weekly) |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>KATHLEEN M KANNE<br>Mailing Address 43 BARBADOS<br>City State Zip Code<br>ALISO VIEJO CA 92656<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Regional Marketing<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 630.00    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 15 / 2008<br><b>Transaction ID:</b> PR2119479620376<br>Amount of Each Receipt this Period<br>30.00<br>P/R Deduction (\$30.00 Bi-Weekly) |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>141.00</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
JOSEPH W KEEN  
Mailing Address 2135 DALY DR  
City GREEN BAY State WI Zip Code 54311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR211947920376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARK C KNOTSON  
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 Director Customer Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2119480220376  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
TIFFANY T LAM  
Mailing Address 3321 ALABAMA CIRCLE  
City COSTA MESA State CA Zip Code 92626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Opns & Perf Improvement  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2119480720376  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00  
**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 70 / 116  
(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)  
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. Director Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119481020376

Amount of Each Receipt this Period  
10.00

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. Director Medicare Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119481520376

Amount of Each Receipt this Period  
10.00

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 90630-3912

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Regulatory Affairs Spclst III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119481820376

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 71 / 116                |
|   | (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)  
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 Occupation  
UnitedHealth Group, Inc. Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2119482120376

Amount of Each Receipt this Period: 10.00

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 Occupation  
UnitedHealth Group, Inc. IT Database Cnsltnt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2119482220376

Amount of Each Receipt this Period: 15.00

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

**C.** 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. Regional Director Utilization Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2119482520376

Amount of Each Receipt this Period: 20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 116  
(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 S MASON  
Mailing Address 5670 SHEMIRAN ST  
City LA VERNE State CA Zip Code 91750  
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 ▼ 315.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2119483020376  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
PETER W MCKINLEY  
Mailing Address 6212 OAKBROOK 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 Reg Network Mgmt Lead  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1575.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2119483720376  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CHARLEEN M MILBURN  
Mailing Address 3041 SAN LORENZO WAY  
City CARMICHAEL State CA Zip Code 95608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1365.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2119483920376  
Amount of Each Receipt this Period 65.00  
P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00  
**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 73 / 116  
(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 Territory Developer-Secure Hor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119484220376  
 Amount of Each Receipt this Period 12.00  
 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 ▼ 1050.00

Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119484320376  
 Amount of Each Receipt this Period 50.00  
 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 KA Director Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119484820376  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 72.00

**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 / 116  
(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)  
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. Director Administrative Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119484920376

Amount of Each Receipt this Period  
54.00

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

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

Mailing Address 372 1/2 NEWPORT AVE

City State Zip Code  
LONG BEACH CA 90814

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119485020376

Amount of Each Receipt this Period  
20.00

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 Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119485220376

Amount of Each Receipt this Period  
15.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.00

**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 75 / 116

(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 H OLSON

Mailing Address 36 HONEY HILL ROAD

City State Zip Code  
ORINDA CA 94563

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR2119485320376

Amount of Each Receipt this Period  
10.00

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. Director Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR2119485420376

Amount of Each Receipt this Period  
20.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ANNETTE K PARSONS

Mailing Address 21541 SAINT JOHN LN

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Occupation  
UnitedHealth Group, Inc. IT Project Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR2119485620376

Amount of Each Receipt this Period  
10.00

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

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

40.00

**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 76 / 116  
(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)  
ARNOLD C PAULSON

Mailing Address 1010 SANDCASTLE DRIVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Healthcare Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119485720376

Amount of Each Receipt this Period 19.00

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

**B.** 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119485820376

Amount of Each Receipt this Period 25.00

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

**C.** 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 Occupation  
UnitedHealth Group, Inc. Director Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119486320376

Amount of Each Receipt this Period 12.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 56.00

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br>(check only one) | PAGE 77 / 116 |
|   | <input checked="" 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)

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MICHELLE LYNN PETERS     |                                    | Date of Receipt  |
|   | Mailing Address 1128 COUNTRYSIDE DR                                 |                                    | <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<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State                              | Zip Code   |
|   | DEPERE  | WI                                 | 54115  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> PR2119486420376   |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Director Pricing     | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>315.00 | <input type="text"/> 15.00   |
|   |   |                                    | P/R Deduction (\$15.00 Bi-Weekly)  |

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>AUSTIN T PITTMAN         |                                     | Date of Receipt  |
|   | Mailing Address 14 LOCH RIDGE 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<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State                               | Zip Code   |
|   | GREENSBORO  | NC                                  | 27408  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> PR2119486720376   |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Health Plan CEO       | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2835.00 | <input type="text"/> 135.00  |
|   |   |                                     | P/R Deduction (\$135.00 Bi-Weekly)   |

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>CYNTHIA L POLICH         |                                     | Date of Receipt  |
|   | Mailing Address 3401 E VIA PALOMITA                                 |                                     | <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<br>1 0 / 1 5 / 2 0 0 8 |
|   | City  | State                               | Zip Code   |
|   | TUCSON  | AZ                                  | 85718  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> PR2119486820376   |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>VP Public Policy      | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2100.00 | <input type="text"/> 100.00  |
|   |   |                                     | P/R Deduction (\$100.00 Bi-Weekly)   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 / 116                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>SHARON A RICCIUTI                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 1122-C BUCKINGHAM DRIVE  | <b>Transaction ID:</b> PR2119487920376                          |
|   | City State Zip Code<br>COSTA MESA CA 92626   | Amount of Each Receipt this Period<br>20.00                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>                |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Quality Assurance |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00   | P/R Deduction (\$20.00 Bi-Weekly)                               |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>DEBRA E ROGERS                             | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 212 E LA DENEY DR   | <b>Transaction ID:</b> PR2119488620376                          |
|   | City State Zip Code<br>ONTARIO CA 91764   | Amount of Each Receipt this Period<br>10.00                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>                   |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Project Mgr Mktg & Bus Dvlpmt |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00  | P/R Deduction (\$10.00 Bi-Weekly)                               |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>CAROL A SCACCIA                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 6093 TRINIDAD AVE  | <b>Transaction ID:</b> PR2119489320376                          |
|   | City State Zip Code<br>CYPRESS CA 90630  | Amount of Each Receipt this Period<br>10.00                     |
|   | FEC ID number of contributing federal political committee. <b>C</b>            |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Acq KA New Bus. Coord. |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   | P/R Deduction (\$10.00 Bi-Weekly)                               |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 40.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 79 / 116</span><br>(check only one)  |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CAROLYN M SEABOLT</p> <p>Mailing Address 4335 SHAVANO WOODS</p> <p>City State Zip Code<br/>SAN ANTONIO TX 78249</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Quality Improvement</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR2119489820376</p> <p>Amount of Each Receipt this Period<br/>16.00</p> <p>P/R Deduction (\$16.00 Bi-Weekly)</p> |
|--|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARTIN SING</p> <p>Mailing Address 9407 LLANO VERDE</p> <p>City State Zip Code<br/>HELOTES TX 78023</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Customer Service</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR2119490120376</p> <p>Amount of Each Receipt this Period<br/>10.00</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p> |
|---|---|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RONALD R STETTLER</p> <p>Mailing Address 6028 SCOTMIST DR</p> <p>City State Zip Code<br/>RANCHOPALOSVERDES CA 90275</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Healthcare Economics</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>10 / 15 / 2008</p> <p><b>Transaction ID:</b> PR2119490420376</p> <p>Amount of Each Receipt this Period<br/>10.00</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p> |
|---|---|

|   |              |
|---|--------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p>36.00</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 116  
(check only one)

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

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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. Director Medical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119490720376

Amount of Each Receipt this Period  
20.00

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. Sr Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119491120376

Amount of Each Receipt this Period  
50.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MARY R TEYLAN

Mailing Address 11948 E 186TH ST

City State Zip Code  
ARTESIA CA 90701

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2119491420376

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 81 / 116 |
|   | <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)

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>CHERYL A THOMSON |   | Date of Receipt   |
|   | Mailing Address 222 FOREST DR                               |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City  | State   | Zip Code  |
|   | SOBIESKI  | WI  | 54171   |
|   | FEC ID number of contributing federal political committee.  |   | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |   | Occupation<br>Director Legal Services                           | <b>Transaction ID:</b> PR2119491620376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="315.00"/> | Amount of Each Receipt this Period<br><input type="text" value="15.00"/>                              |
|   |   |   | P/R Deduction (\$15.00 Bi-Weekly)   |

|   |  |  |   |
|---|--|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>PATTI TUCKER    |  | Date of Receipt   |
|   | Mailing Address 1365 PREVOST STREET                        |  | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State  | Zip Code  |
|   | SAN JOSE   | CA   | 95125   |
|   | FEC ID number of contributing federal political committee. |  | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Director Business Development                      | <b>Transaction ID:</b> PR2119491920376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="2016.00"/> | Amount of Each Receipt this Period<br><input type="text" value="96.00"/>                              |
|   |  |  | P/R Deduction (\$96.00 Bi-Weekly)   |

|   |  |  |   |
|---|--|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>STEVEN M TUCKER |  | Date of Receipt   |
|   | Mailing Address 11062 GOLD STAR LANE                       |  | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
|   | City   | State  | Zip Code  |
|   | SANTA ANA  | CA   | 92705   |
|   | FEC ID number of contributing federal political committee. |  | <input type="text" value="C"/>  |
| Name of Employer<br>UnitedHealth Group, Inc.  |  | Occupation<br>Director Govt Affairs & Compliance                 | <b>Transaction ID:</b> PR2119492020376  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="2016.00"/> | Amount of Each Receipt this Period<br><input type="text" value="96.00"/>                              |
|   |  |  | P/R Deduction (\$96.00 Bi-Weekly)   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="207.00"/> |
| <b>TOTAL</b> 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 82 / 116  
(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)  
SUSAN VANASTEN  
 Mailing Address W313 GOLDEN GLOW RD  
 City State Zip Code  
KAUKAUNA WI 54130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Director Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00  
 Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119492620376  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SCOTT B WESTPHAL  
 Mailing Address 4536 ROCKY RUN LN  
 City State Zip Code  
OCONTO WI 54153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Director Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34  
 Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119493220376  
 Amount of Each Receipt this Period: 11.54  
 P/R Deduction (\$11.54 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LINDA D WHETSON  
 Mailing Address 17212 N SCOTTSDALE RD # 2258  
 City State Zip Code  
SCOTTSDALE AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Director Business Risk Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR2119493520376  
 Amount of Each Receipt this Period: 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 71.54  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 83 / 116  
(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)  
LORI S WOLFE  
Mailing Address 17119 GRANGER PATCH  
City SAN ANTONIO State TX Zip Code 78247  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Mgr Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119493720376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GREGORY WRIGHT  
Mailing Address 13901 MAUVE DRIVE  
City SANTA ANA State CA Zip Code 92705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Market Leadership  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119494120376  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
TIM K K YEE  
Mailing Address 11 REGENTS  
City NEWPORT BEACH State CA Zip Code 92660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Actuarial Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR2119494320376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00  
**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 84 / 116                |
|   | <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)

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>GEORGE M YOUNG  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 8131 S COOLIDGE WAY  | <b>Transaction ID:</b> PR2119494420376                          |
|           | City State Zip Code<br>AURORA CO 80016   | Amount of Each Receipt this Period<br>15.00                     |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer UnitedHealth Group, Inc. Occupation Executive Director Medicare<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 315.00 | P/R Deduction (\$15.00 Bi-Weekly)                               |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>STEVEN C YOUNG   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 10765 QUAIL CREEK DRIVE EAST  | <b>Transaction ID:</b> PR2119494520376                          |
|           | City State Zip Code<br>PARKER CO 80138  | Amount of Each Receipt this Period<br>10.00                     |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer UnitedHealth Group, Inc. Occupation SB Account Executive<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$10.00 Bi-Weekly)                               |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DANIEL M CUMMINGS  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 1929 FAIRMOUNT AVE  | <b>Transaction ID:</b> PR2133132620376                          |
|           | City State Zip Code<br>SAINT PAUL MN 55105-1539   | Amount of Each Receipt this Period<br>15.00                     |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer UnitedHealth Group, Inc. Occupation Director Finance<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 315.00 | P/R Deduction (\$15.00 Bi-Weekly)                               |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 40.00 |
| <b>TOTAL</b> This Period (last page this line 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 85 / 116  
(check only one)

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

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

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

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>CINDY K DONOHOE  |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 2109 MEETING STREET   |                                    | <b>Transaction ID:</b> PR2133132720376              |
| City<br>WAYZATA   | State Zip Code<br>MN 55391         |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>38.46         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Marketing   | P/R Deduction (\$38.46 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>807.66 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>ELLEN M DUFFIELD   |                                     | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 514 WARING ROAD   |                                     | <b>Transaction ID:</b> PR2133132820376              |
| City<br>ELKINS PARK   | State Zip Code<br>PA 19027          |   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>54.00         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Operations   | P/R Deduction (\$54.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1134.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>PATRICIA A FORD  |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
| Mailing Address 21640 E BRIARWOOD DRIVE   |                                    | <b>Transaction ID:</b> PR2133132920376              |
| City<br>AURORA  | State Zip Code<br>CO 80016         |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>28.85         |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Regional Executive   | P/R Deduction (\$28.85 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>605.85 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 121.31 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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 A GOLDEN

Mailing Address 930 HALDEMAN RD

City State Zip Code  
SCHWENKSVILLE PA 19473

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133133020376

Amount of Each Receipt this Period  
10.00

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

**B.** Full Name (Last, First, Middle Initial)  
CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City State Zip Code  
EXCELSIOR MN 55331

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1084.02

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133133120376

Amount of Each Receipt this Period  
51.62

P/R Deduction (\$51.62 Bi-Weekly)

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

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133133220376

Amount of Each Receipt this Period  
38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.08**

**TOTAL** This Period (last page this line 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 / 116  
(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 W LITTLEFIELD

Mailing Address 13520 PLEASANT COLONY DR

City State Zip Code  
MANASSAS VA 20112

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2133133420376  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN E MAGILL

Mailing Address 100 THIRD AVE S # 1608

City State Zip Code  
MINNEAPOLIS MN 55401

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2133133520376  
Amount of Each Receipt this Period: 19.23  
P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2133133620376  
Amount of Each Receipt this Period: 35.00  
P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 94.23

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 88 / 116 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>SUSAN C MORISATO                 | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 238 ARDMORE ROAD  | <b>Transaction ID:</b> PR2133133820376                          |
|   | City State Zip Code<br>DES PLAINES IL 60016                                 | Amount of Each Receipt this Period<br>150.00                    |
|   | FEC ID number of contributing federal political committee.<br>C             | P/R Deduction (\$150.00 Bi-Weekly)                              |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. COO Secure Horizons |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3150.00   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>KIM A NETTLETON                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 5003 DARNELL  | <b>Transaction ID:</b> PR2133133920376                          |
|   | City State Zip Code<br>HOUSTON TX 77096                                     | Amount of Each Receipt this Period<br>20.00                     |
|   | FEC ID number of contributing federal political committee.<br>C             | P/R Deduction (\$20.00 Bi-Weekly)                               |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00  |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>T JEFFREY PUTNAM        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 303 ELMWOOD PLACE WEST                             | <b>Transaction ID:</b> PR2133134220376                          |
|   | City State Zip Code<br>MINNEAPOLIS MN 55419                        | Amount of Each Receipt this Period<br>192.30                    |
|   | FEC ID number of contributing federal political committee.<br>C    | P/R Deduction (\$192.30 Bi-Weekly)                              |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. VP Finance |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4038.30                                |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 362.30 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
HELENE S ROYBAL

Mailing Address 3304 COBBS DRIVE

City State Zip Code  
PALM HARBOR FL 34684

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133134520376

Amount of Each Receipt this Period  
54.00

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

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

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code  
KINGWOOD TX 77339

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133134620376

Amount of Each Receipt this Period  
25.00

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

**C.** 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. Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2133134720376

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.00

**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 90 / 116  
(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)  
AMIT TRIVEDI

Mailing Address 21 BREEZES

City IRVINE State CA Zip Code 92620

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2133134820376

Amount of Each Receipt this Period 19.23

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

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

Mailing Address 2380 LAKE LUCY ROAD

City CHANHASSEN State MN Zip Code 55317

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.85

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145728120376

Amount of Each Receipt this Period 28.85

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

**C.** Full Name (Last, First, Middle Initial)  
DANIEL M COLE

Mailing Address 26150 OAK LEAF TRAIL

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Compensation - Bus Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145728320376

Amount of Each Receipt this Period 10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 58.08

**TOTAL** This Period (last page this line 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 / 116  
(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 C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145728420376

Amount of Each Receipt this Period 38.46

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

**B.** Full Name (Last, First, Middle Initial)  
ROB FARAHANI

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145728520376

Amount of Each Receipt this Period 38.46

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

**C.** Full Name (Last, First, Middle Initial)  
JULIE JOHNSTON

Mailing Address 2606 80TH AVE NE

City MEDINA State WA Zip Code 98039

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145728720376

Amount of Each Receipt this Period 38.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 92 / 116 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>CARL T KIDD                           | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 12210 OYSTER COVE COURT  | <b>Transaction ID:</b> PR2145728820376                        |
|   | City State Zip Code<br>STAFFORD TX 77477-2268                                    | Amount of Each Receipt this Period<br>28.85                   |
|   | FEC ID number of contributing federal political committee.<br>C                  | P/R Deduction (\$28.85 Bi-Weekly)                             |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Acct Management |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>605.85   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>NANCY E LINDIMORE                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 8256 SNEAD WAY  | <b>Transaction ID:</b> PR2145728920376                        |
|   | City State Zip Code<br>WESTERVILLE OH 43082                                   | Amount of Each Receipt this Period<br>20.00                   |
|   | FEC ID number of contributing federal political committee.<br>C               | P/R Deduction (\$20.00 Bi-Weekly)                             |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. KA Director Acct Mgmt |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>WILLIAM Y MICKLE                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|   | Mailing Address 8 DURANGO COURT   | <b>Transaction ID:</b> PR2145729120376                        |
|   | City State Zip Code<br>ALISO VIEJO CA 92656                                 | Amount of Each Receipt this Period<br>19.23                   |
|   | FEC ID number of contributing federal political committee.<br>C             | P/R Deduction (\$19.23 Bi-Weekly)                             |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>403.83  |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 68.08 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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)  
WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City IRVINE State CA Zip Code 92603

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145729220376

Amount of Each Receipt this Period 35.00

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

**B.**

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

Mailing Address 4160 TRILLIUM LANE EAST

City MINNETRISTA State MN Zip Code 55364

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145729420376

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City AUSTIN State TX Zip Code 78737

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2145729520376

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 94 / 116                |
|   | (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)

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>MICHAEL P SCHWARZ  | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 13935 WOODRIDGE PATH  | <b>Transaction ID:</b> PR2145729720376                        |
|           | City State Zip Code<br>SAVAGE MN 55378  | Amount of Each Receipt this Period<br>35.00                   |
|           | FEC ID number of contributing federal political committee.<br>C   | P/R Deduction (\$35.00 Bi-Weekly)                             |
|           | Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>735.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>DANNETTE L SMITH   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 5414 BYSCANE LANE   | <b>Transaction ID:</b> PR2145729920376                        |
|           | City State Zip Code<br>MINNETONKA MN 55345  | Amount of Each Receipt this Period<br>115.38                  |
|           | FEC ID number of contributing federal political committee.<br>C   | P/R Deduction (\$115.38 Bi-Weekly)                            |
|           | Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2422.98 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>RANDALL SMITH   | Date of Receipt<br>M M / D D / Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
|           | Mailing Address 20607 BROADWATER DRIVE   | <b>Transaction ID:</b> PR2145730020376                        |
|           | City State Zip Code<br>LAND O'LAKES FL 34638-8328  | Amount of Each Receipt this Period<br>11.54                   |
|           | FEC ID number of contributing federal political committee.<br>C  | P/R Deduction (\$11.54 Bi-Weekly)                             |
|           | Name of Employer: UnitedHealth Group, Inc. Occupation: Executive Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>242.34 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>161.92</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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 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: Director Actuary - Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2145730220376

Amount of Each Receipt this Period: 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA A KAPPAS-LARSON

Mailing Address 157 SUMMIT POINT DRIVE

City HASTINGS State MN Zip Code 55033

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2162867220376

Amount of Each Receipt this Period: 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City MAINEVILLE State OH Zip Code 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 ▼ 242.34

Date of Receipt: 10 / 15 / 2008

**Transaction ID:** PR2203967520376

Amount of Each Receipt this Period: 11.54

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **111.54**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 116  
(check only one)

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

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

**A.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>CHRISTINE W GIBSON   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
| Mailing Address 8516 29TH AVE N   |                                       | <b>Transaction ID:</b> PR2225166720376                          |
| City<br>NEW HOPE  | State<br>MN                           | Zip Code<br>55427   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>115.38                    |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Chief Marketing Officer | P/R Deduction (\$115.38 Bi-Weekly)                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2422.98   |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>JEAN-FRANCOIS BEAULE   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
| Mailing Address 7 STRATFORD RD  |                                     | <b>Transaction ID:</b> PR2225813620376                          |
| City<br>FARMINGTON  | State<br>CT                         | Zip Code<br>06032   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>57.70                     |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Chief Actuary         | P/R Deduction (\$57.70 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1211.70 |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>DANIEL M HARRIS  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 5 / 2 0 0 8 |
| Mailing Address 51 REALITY ROAD   |   | <b>Transaction ID:</b> PR2225817520376                          |
| City<br>OXFORD  | State<br>CT                                 | Zip Code<br>06478   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>19.23                     |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Director Healthcare Economics | P/R Deduction (\$19.23 Bi-Weekly)                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>403.83          |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 192.31 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 97 / 116 |
|   | <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)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>NANCY S MACK                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 10140 26TH AVENUE NORTH                                    | <b>Transaction ID:</b> PR2225818420376              |
|   | City State Zip Code<br>PLYMOUTH MN 55441                                   | Amount of Each Receipt this Period<br>13.50         |
|   | FEC ID number of contributing federal political committee.<br>C            |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. IT Project Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>283.50   | P/R Deduction (\$13.50 Bi-Weekly)                   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>CHARLES W MARTEL         | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 676 LAKE SUSAN HILLS DRIVE                          | <b>Transaction ID:</b> PR2225818620376              |
|   | City State Zip Code<br>CHANHASSEN MN 55317-8701                     | Amount of Each Receipt this Period<br>10.00         |
|   | FEC ID number of contributing federal political committee.<br>C     |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Director IT |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                  | P/R Deduction (\$10.00 Bi-Weekly)                   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MICHAEL MCGUIRE              | Date of Receipt<br>MM / DD / YYYY<br>10 / 15 / 2008 |
|   | Mailing Address 437 DRURY LANE  | <b>Transaction ID:</b> PR2225818820376              |
|   | City State Zip Code<br>WYCKOFF NJ 07481                                 | Amount of Each Receipt this Period<br>57.70         |
|   | FEC ID number of contributing federal political committee.<br>C         |   |
|   | Name of Employer Occupation<br>UnitedHealth Group, Inc. Health Plan CEO |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1211.70                                     | P/R Deduction (\$57.70 Bi-Weekly)                   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 81.20 |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(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 1376 MICHELLE DRIVE

City State Zip Code  
EAGAN MN 55123

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2225819320376

Amount of Each Receipt this Period  
192.30

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

**B.**

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

Mailing Address 45 WESTMORELAND LN

City State Zip Code  
NAPERVILLE IL 60540

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2225819620376

Amount of Each Receipt this Period  
38.46

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

**C.**

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

Mailing Address PO BOX 64259

City State Zip Code  
COLORADO SPRINGS CO 80962-4259

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2225819720376

Amount of Each Receipt this Period  
76.92

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **307.68**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 116  
(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)  
A R WEILER

Mailing Address 4512 EDINA BOULEVARD

City EDINA State MN Zip Code 55424-1134

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR225820620376

Amount of Each Receipt this Period 40.00

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

**B.**

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 Director Care Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2231347220376

Amount of Each Receipt this Period 30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City SIMPSONVILLE State SC Zip Code 29681

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2231347420376

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 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 100 / 116  
(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)  
SUSAN A FOWLER  
Mailing Address 4396 CREEKSIDE PASS  
City Zionsville State IN Zip Code 46077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation VP UHO Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231349720376  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DEE A GREENMAN  
Mailing Address 536 HIGH DR  
City Carmel State IN Zip Code 46033-2338  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director New Bus Administration  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231350220376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL HAMPTON  
Mailing Address 1387 RED DUNES RUN  
City Avon State IN Zip Code 46123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Government Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231350520376  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 45.00  
**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 / 116  
(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)  
KASIA HANNA

Mailing Address 1419 HORNADAY RD

City State Zip Code  
BROWNSBURG IN 46112-1944

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr IT Project Cnsltnt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2231350620376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARGARET C HAYS

Mailing Address 507 WOODLAND W DRIVE

City State Zip Code  
GREENFIELD IN 46140-8896

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Claims Bus Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2231350720376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ROBERT ANTHONY JOY

Mailing Address 5912 CRYSTAL WATER DR

City State Zip Code  
INDIANAPOLIS IN 46237-3136

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Acct Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2231350920376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30.00

**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 / 116  
(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)  
KIP J METHENY

Mailing Address 808 JEFFERSON

City State Zip Code  
LAWRENCEVILLE IL 62439-2750

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2231351420376

Amount of Each Receipt this Period  
10.00

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

**B.** Full Name (Last, First, Middle Initial)  
PAMELA ANN MOORE

Mailing Address RR 1 BOX 282A

City State Zip Code  
BRIDGEPORT IL 62417-9751

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 ▼ 207.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2231351720376

Amount of Each Receipt this Period  
9.90

P/R Deduction (\$9.90 Bi-Weekly)

**C.** 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. Director Administrative Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2231351920376

Amount of Each Receipt this Period  
20.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **39.90**

**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 103 / 116  
(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)  
ANDREW L PEARSON  
Mailing Address 7371 OAKLAND HILLS CIR  
City INDIANAPOLIS State IN Zip Code 46236-8791  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Manager IT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231352020376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JILL PHELPS  
Mailing Address 95 KENSINGTON CT  
City PITTSBORO State IN Zip Code 46167-8947  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Sr IT Business Analyst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231352120376  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DARRELL S RICHEY  
Mailing Address 7244 TULIPTREE TRAIL  
City INDIANAPOLIS State IN Zip Code 46256-2136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Deputy General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1680.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR2231352320376  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$80.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**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 / 116  
(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)  
JANET SUE SELF

Mailing Address 3202 BABSON CT

City INDIANAPOLIS State IN Zip Code 46268

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2231352420376  
Amount of Each Receipt this Period: 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
AMANDA JANE SNIVELY

Mailing Address 704 EAST MAIN STREET

City CARMEL State IN Zip Code 46032-2263

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Acct Manager External - URN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2231352520376  
Amount of Each Receipt this Period: 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: PR2247625820376  
Amount of Each Receipt this Period: 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 65.00

**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 105 / 116  
(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)  
ANDREA M GREENE

Mailing Address 2720 FLORIDA AVE S

City State Zip Code  
SAINT LOUIS PARK MN 55426-3330

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626020376

Amount of Each Receipt this Period  
15.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CYNTHIA L IACARELLA

Mailing Address 2061 THORNDALE AVENUE

City State Zip Code  
NEW BRIGHTON MN 55112

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626120376

Amount of Each Receipt this Period  
15.00

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

**C.**

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. Director Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626220376

Amount of Each Receipt this Period  
19.23

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **49.23**

**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 106 / 116  
(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)  
SHANKAR RAO

Mailing Address 10622 EQUESTRIAN DR

City State Zip Code  
COWAN HEIGHTS CA 92705-2426

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626320376

Amount of Each Receipt this Period  
9.61

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

**B.**

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

Mailing Address 4 SPLIT ROCK ROAD

City State Zip Code  
NEWTOWN CT 06470

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626420376

Amount of Each Receipt this Period  
50.00

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

**C.**

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

Mailing Address 11 CARRIAGE WAY

City State Zip Code  
WHITE PLAINS NY 10605

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 ▼ 1211.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247626820376

Amount of Each Receipt this Period  
57.70

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **117.31**

**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 107 / 116  
(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)  
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code  
MINNETRISTA MN 55364

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** PR2247627020376

Amount of Each Receipt this Period  
25.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ANGELA R LAWHORN

Mailing Address 225 HARDWICKE LANE

City State Zip Code  
LITTLE ELM TX 75068-5231

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.32

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** PR2247627120376

Amount of Each Receipt this Period  
26.92

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

**C.**

Full Name (Last, First, Middle Initial)  
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code  
COS COB CT 06807

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Regional Network Mgmt Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** PR2247627320376

Amount of Each Receipt this Period  
57.70

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **109.62**

**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 108 / 116  
(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)

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JEFFERY RICHARD VERNEY</p> <p>Mailing Address 266 WESTLEDGE ROAD</p> <p>City State Zip Code<br/>WEST SIMSBURY CT 06092</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: CEO United Retiree Solutions</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>1211.70</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> PR2247627420376</p> <p>Amount of Each Receipt this Period<br/>57.70</p> <p>P/R Deduction (\$57.70 Bi-Weekly)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |   | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DARRELL BROOKS</p> <p>Mailing Address 425 QUEENSLAND LANE NORTH</p> <p>City State Zip Code<br/>PLYMOUTH MN 55447</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Information Systems</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>1211.70</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> PR2247627620376</p> <p>Amount of Each Receipt this Period<br/>57.70</p> <p>P/R Deduction (\$57.70 Bi-Weekly)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |   | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SANJAY GARODIA</p> <p>Mailing Address 282 MIDDAUGH</p> <p>City State Zip Code<br/>CLARENDON HILLS IL 60514</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Operations</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>769.20</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <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>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> PR2247627820376</p> <p>Amount of Each Receipt this Period<br/>38.46</p> <p>P/R Deduction (\$38.46 Bi-Weekly)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 8 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |   | 1 | 5 |   | 2 | 0 | 0 | 8 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>153.86</b> |
| <b>TOTAL</b> This Period (last page this line 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 / 116  
(check only one)

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

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

**A.**

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

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code  
PACIFIC PALISADES CA 90272

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247627920376

Amount of Each Receipt this Period  
192.30

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2247628020376

Amount of Each Receipt this Period  
26.92

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. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR2259738420376

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **259.22**

**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 110 / 116  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DAWN M KOEHLER

Mailing Address 5500 NICHOLSON RD

City State Zip Code  
FOWLERVILLE MI 48836

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2270335120376

Amount of Each Receipt this Period 20.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER CRONN

Mailing Address 1326 BAYTHORNE DR

City State Zip Code  
LEWISVILLE TX 75077

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2270522920376

Amount of Each Receipt this Period 38.46

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

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM F MYERS

Mailing Address 2702 SOUTH FILLMORE STREET

City State Zip Code  
DENVER CO 80210-6419

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR2359784120376

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 98.46

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

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 111 / 116              |                             |
|   | (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"/> 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)<br>SIMON L STEVENS  |   | Date of Receipt   |
| Mailing Address 1716 EMERSON AVENUE SOUTH   |   | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
| City  | State   | Zip Code  |
| MINNEAPOLIS   | MN  | 55403   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>                                  | Transaction ID: PR2364863220376   |
| Name of Employer<br>UnitedHealth Group, Inc.  | Occupation<br>Executive   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="576.90"/> | <input type="text" value="192.30"/>   |
|   |   | P/R Deduction (\$192.30 Bi-Weekly)  |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="192.30"/>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="13479.86"/> |

# 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)

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Dave Camp For Congress</p> <p>Mailing Address P.O. Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 28665030</p> <p>Date of Disbursement<br/>10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Re-elect to US Congress</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mcconnell Senate Committee '08</p> <p>Mailing Address PO Box 1496</p> <p>City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 28665032</p> <p>Date of Disbursement<br/>10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Re-elect to US Senate</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Jim Inhofe Committee</p> <p>Mailing Address PO Box 13300</p> <p>City Oklahoma City State OK Zip Code 73113</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. James Inhofe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 28708684</p> <p>Date of Disbursement<br/>10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Re-elect to US Senate</p>   |

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

7000.00

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



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

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Democratic Party of Wisconsin<br>Mailing Address 222 W. Washington Avenue, Suite 15<br>City Madison State WI Zip Code 53703<br>Purpose of Disbursement Federal Account<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28708685<br>Date of Disbursement<br>10 / 09 / 2008    |
|  | Amount of Each Disbursement this Period<br>5000.00<br>Federal Account |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Republican Party of Wisconsin<br>Mailing Address 148 East Johnson Street<br>City Madison State WI Zip Code 53703<br>Purpose of Disbursement Federal Account<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            | Transaction ID: 28709278<br>Date of Disbursement<br>10 / 09 / 2008    |
|  | Amount of Each Disbursement this Period<br>5000.00<br>Federal Account |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 17000.00 |

**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)

PAGE 114 / 116

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>South Carolina House Democratic Caucus<br><hr/> Mailing Address 1105 Pendleton Street Suite 335<br>PO Box 12049<br><hr/> City Columbia State SC Zip Code 29211<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 28708557<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 9 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>3500.00<br><hr/> 011<br>Category/<br>Type<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>South Carolina Senate Democratic Caucus<br><hr/> Mailing Address PO Box 11484<br><hr/> City Columbia State SC Zip Code 29211<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 28708562<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 9 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>3500.00<br><hr/> 011<br>Category/<br>Type<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>South Carolina House Republican Caucus<br><hr/> Mailing Address 518 Blatt Bulding<br><hr/> City Columbia State SC Zip Code 29211<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 28708564<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 9 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>3500.00<br><hr/> 011<br>Category/<br>Type<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 10500.00    |
| <b>TOTAL</b> 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)  
South Carolina Senate Republican Caucus

Mailing Address PO Box 12012

City Columbia State SC Zip Code 29211

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 28708569

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

3500.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Wallace Scarborough for the House

Mailing Address P.O. Box 20010

City Charleston State SC Zip Code 29413

Purpose of Disbursement  
Wallace Scarborough, STATE HOUSE 115th SC

Candidate Name  
Representa Wallace Scarborough

Office Sought:  House  Senate  President

State: SC District: 15

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: 28708682

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Wallace Scarborough, STATE HOUSE 115th SC

**C.** Full Name (Last, First, Middle Initial)  
Mike Cox for Attorney General

Mailing Address 101 S. Washington Square Sutie 620

City Lansing State MI Zip Code 48933

Purpose of Disbursement  
Mike Cox, Attorney General MI

Candidate Name  
Mike Cox

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: 28709292

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Mike Cox, Attorney General MI

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City State Zip Code  
Saginaw MI 48605

Purpose of Disbursement  
Roger Kahn, STATE SENATE 32nd MI

Candidate Name  
MI Sen. Roger Kahn

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: MI District:

**Transaction ID:** 28709337

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

Roger Kahn, STATE SENATE  
32nd MI

**B.**

Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc., PAC of Indina

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Funding of State PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 28709348

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

16000.00

Funding of State PAC

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

17000.00

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

33000.00