

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		184057.86
(b) Cash on Hand at Beginning of Reporting Period.....	187678.99	
(c) Total Receipts (from Line 19)	61193.32	330314.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	248872.31	514372.31
7. Total Disbursements (from Line 31).....	0.00	265500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	248872.31	248872.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52267.34	216255.82
(ii) Unitemized	8925.98	52273.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61193.32	268529.40
(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)	61193.32	268529.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	54285.05
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	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	61193.32	330314.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	61193.32	330314.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	263500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1300.00
(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	1300.00
29. Other Disbursements	0.00	700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	265500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	265500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61193.32	268529.40
34. Total Contribution Refunds (from Line 28(d))	0.00	1300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61193.32	267229.40
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 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. NANCY ELLISON
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 82872

City KENMORE State WA Zip Code 98028-0872

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 34823864

Amount of Each Receipt this Period
400.00

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

Mailing Address 11 CARNIVAL TERRACE

City WEST WARWICK State RI Zip Code 02893

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

Name of Employer United HealthCare Services Inc Occupation Sr Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR1159794627838

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 3533 FAIR OAKS LANE

City LONGBOAT KEY State FL Zip Code 34228

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

Name of Employer United HealthCare Services Inc Occupation Network Contract Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR1159798227838

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional).....	478.46
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: (check only one)	PAGE 7 OF 97
<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. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City SENECA State SC Zip Code 29672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 3 - Natl Accts Individ Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159805527838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City LINCOLN State NE Zip Code 68510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159806027838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. WAYNE F COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 PEBBLE HILL ROAD
 City DOYLESTOWN State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159812827838
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 8 OF 97
<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. DAVID S WICHMANN
Full Name (Last, First, Middle Initial)
Mailing Address 7000 ANTRIM ROAD
City EDINA State MN Zip Code 55439
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP & Pres UHG Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159814727838
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

B. PATRICK J ERLANDSON
Full Name (Last, First, Middle Initial)
Mailing Address 1000 OLD LONG LAKE ROAD
City WAYZATA State MN Zip Code 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Business Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159815927838
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. PATRICIA R SAURO
Full Name (Last, First, Middle Initial)
Mailing Address 8943 HIDDEN MEADOW R
City WOODBURY State MN Zip Code 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Business Segment CAO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159816427838
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	889.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159816627838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHealth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159816927838
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159817427838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 684.60
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: (check only one)	PAGE 10 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4913 BRUCE AVE

City	State	Zip Code
EDINA	MN	55424

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

Name of Employer	Occupation
United HealthCare Services Inc	Business Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1159817927838

Amount of Each Receipt this Period

38.00

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

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

Mailing Address 4307 BEECHWOOD LANE

City	State	Zip Code
DALLAS	TX	75220

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

Name of Employer	Occupation
United HealthCare Services Inc	Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1159819127838

Amount of Each Receipt this Period

100.00

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

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

Mailing Address 3501 ZENITH AVE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP Consumr Health & Med Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1159819827838

Amount of Each Receipt this Period

230.76

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

SUBTOTAL of Receipts This Page (optional).....▶	368.76
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 11 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM C TRACY		Date of Receipt
Mailing Address 13016 CANTERBURY		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEAWOOD	KS	66209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159821527838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Health Plan CEO	<input type="text" value="115.40"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$57.70 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="634.70"/>	

Full Name (Last, First, Middle Initial) B. RICHARD J MIGLIORI		Date of Receipt
Mailing Address PO BOX 72		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAYZATA	MN	55391
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159827427838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Bus Initiatives & Clin Aff	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) C. JEANNINE M RIVET		Date of Receipt
Mailing Address 4305 TRILLIUM WAY		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNETRISTA	MN	55364
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159830027838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	EVP UnitedHealth Group	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2115.30"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 97
<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. JACK E SHUFF
Full Name (Last, First, Middle Initial)
Mailing Address 360 ASPEN LANE
City COVINGTON State LA Zip Code 70433
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB RVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159830527838
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

B. JILL WINTERS
Full Name (Last, First, Middle Initial)
Mailing Address 16 SPOEDE LN
City SAINT LOUIS State MO Zip Code 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 594.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1159840427838
Amount of Each Receipt this Period 108.00
P/R Deduction (\$54.00 Bi-Weekly)

C. Mr. ANTHONY WELTERS
Full Name (Last, First, Middle Initial)
Mailing Address 919 SAIGON ROAD
City MCLEAN State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1332013227838
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	570.60
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: (check only one)	PAGE 13 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL J BRESOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Care Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551005727838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551132327838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. GERALD JOHN KNUTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 KIMBERLY LN N
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551132527838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551133427838
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. DAWN M OWENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 E LAKE OF THE ISLES PKWY
 City MINNEAPOLIS State MN Zip Code 55405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551160327838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Recruitment Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1551161327838
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 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: (check only one)	PAGE 15 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LOIS T WEIHRAUCH		Date of Receipt
Mailing Address 10392 SHERMAN DRIVE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP General Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="660.00"/>	
		Transaction ID : PR1551161427838
		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN O ENDERLE		Date of Receipt
Mailing Address 31 ANDREIS TRAIL		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SOUTH WINDSOR	CT	06074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="605.00"/>	
		Transaction ID : PR1554323527838
		Amount of Each Receipt this Period
		<input type="text" value="110.00"/>
		P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RICK M JELINEK		Date of Receipt
Mailing Address 5570 WOODSIDE LANE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SHOREWOOD	MN	55331
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Business Segment CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2115.30"/>	
		Transaction ID : PR1554323927838
		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="614.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL RADU
Full Name (Last, First, Middle Initial)
Mailing Address 42820 VIOLA CT

City LEESBURG	State VA	Zip Code 20176
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation COO, Collaborative Care
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
594.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1554324527838

Amount of Each Receipt this Period
108.00

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

B. CATHERINE E SPILLANE
Full Name (Last, First, Middle Initial)
Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY	State TX	Zip Code 77459
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Business Process
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1554324627838

Amount of Each Receipt this Period
38.46

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

C. KIRK E STAPLETON
Full Name (Last, First, Middle Initial)
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 United HealthCare Services Inc	Occupation VP Strategic Initiatives
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1554324727838

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....	▶	246.46
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: (check only one)	PAGE 17 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KAREN L ERICKSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1575957627838
Mailing Address 15348 RED OAKS ROAD SE		Amount of Each Receipt this Period 384.60
City PRIOR LAKE	State MN	Zip Code 55372
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Market Group CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) B. ERNEST MONFILETTO		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1575958127838
Mailing Address 3062 COMFORT ROAD		Amount of Each Receipt this Period 153.84
City NEW HOPE	State PA	Zip Code 18938
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Plan President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	

Full Name (Last, First, Middle Initial) C. LEE D VALENTA		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1575958527838
Mailing Address 4701 GOLF TERRACE		Amount of Each Receipt this Period 384.60
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation President Life Sciences	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

SUBTOTAL of Receipts This Page (optional).....▶	923.04
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 18 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SONIA M BARTZ
Full Name (Last, First, Middle Initial)

Mailing Address 6222 HOMESTEAD ROAD

City DULUTH State MN Zip Code 55804-9645

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

Name of Employer Occupation
Claim & Provider Services Dir Claims Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR1575958727838

Amount of Each Receipt this Period
1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

B. JOHN W KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 568 HAWTHORNE WOODS DRIVE

City EAGAN State MN Zip Code 55123-3059

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

Name of Employer Occupation
Corporate VP Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR1575959727838

Amount of Each Receipt this Period
1150.00

P/R Deduction (\$1150.00 Bi-Weekly)

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR1580864727838

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 2350.00

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 19 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT THOMAS WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Care Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1580865327838
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dvlpmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1596304127838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1596304327838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	784.60
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: (check only one)	PAGE 20 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GAYE ADAMS MASSEY		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1596304527838
Mailing Address 11641 TANGLEWOOD DRIVE		Amount of Each Receipt this Period 230.76
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.18	

Full Name (Last, First, Middle Initial) B. CAROL B MORNESS		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1596304927838
Mailing Address 401 N 2ND ST UNIT 512		Amount of Each Receipt this Period 76.92
City MINNEAPOLIS	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

Full Name (Last, First, Middle Initial) C. SCOTT E THEISEN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR1596305627838
Mailing Address 1950 MEADOWWOODS TRAIL		Amount of Each Receipt this Period 38.46
City LONG LAKE	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Business Segment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional).....▶	346.14
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: (check only one)	PAGE 21 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 306 CHIPPEWA AVENUE

City TAMPA	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1596306927838

Amount of Each Receipt this Period

76.92

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

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

Mailing Address 4505 MOORLAND AVENUE

City EDINA	State MN	Zip Code 55424
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Treasurer
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1596307027838

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

C. DIANE BEDNAR FLYNN
Full Name (Last, First, Middle Initial)

Mailing Address 3318 FOXRIDGE CIRCLE

City TAMPA	State FL	Zip Code 33618
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP, Medical & Clinical Ops
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR1596309727838

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	374.92
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 22 OF 97
(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. LISA M BEHNKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19647 CASA VERDE WAY
 City State Zip Code
 FORT MYERS FL 33967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 487.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596309827838
 Amount of Each Receipt this Period
 136.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. RAMON E COTO
 Full Name (Last, First, Middle Initial)
 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 Occupation
 United HealthCare Services Inc VP General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596311527838
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. STEVAN D GARCIA
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc SVP Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596312927838
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.92
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: (check only one)	PAGE 23 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOSEPH A HAFERMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 PEAVEY LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1596313427838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. KURT A HEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 GERALD DR
 City SAINT LOUIS State MO Zip Code 63128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1596313727838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JOHN H RENNICK JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 LAKEWOOD EDGE DRIVE
 City CHARLOTTE State NC Zip Code 28269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1596316827838
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	178.46
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: (check only one)	PAGE 24 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEPHAN S RODGERS
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc CEO Collaborative Care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596317127838
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. DANIEL I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City State Zip Code
 ORINDA CA 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Health Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596317327838
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City State Zip Code
 SILVER SPRING MD 20905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Enterprise Clinical Alignm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1596317427838
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	573.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 97
<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. DAVID C STURKEY
Full Name (Last, First, Middle Initial)

Mailing Address 1117 HANSLER LANE

City WAXHAW State NC Zip Code 28173

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

Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1596318427838

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

B. JEFFREY ALAN TODD
Full Name (Last, First, Middle Initial)

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1596319027838

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105

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

Name of Employer United HealthCare Services Inc Occupation PS National VP Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1596319527838

Amount of Each Receipt this Period **38.46**

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

SUBTOTAL of Receipts This Page (optional).....▶	166.46
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: (check only one)	PAGE 26 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930

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

Name of Employer United HealthCare Services Inc Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1600597327838

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer United HealthCare Services Inc Occupation VP & GM PCM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1600598527838

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation SVP Clinical Advancement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR1600598727838

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional)..... **478.00**

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 27 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1602669927838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations - Evercare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1613243527838
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. DANIEL S WALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17034 BAINBRIDGE DR
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1632360027838
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	452.30
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: (check only one)	PAGE 28 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM F KENNEDY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR1653443127838
Mailing Address 14 MYRA LN		Amount of Each Receipt this Period 40.00
City BURLINGTON	State CT	Zip Code 06013
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. STEVE R KOOREN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR1653443227838
Mailing Address 4444 ELLSWORTH DRIVE		Amount of Each Receipt this Period 384.60
City EDINA	State MN	Zip Code 55435
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Business Segment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) C. THOMAS J BELLAMY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 Transaction ID : PR1653444327838
Mailing Address 2743 THOMAS AVENUE SOUTH		Amount of Each Receipt this Period 115.40
City MINNEAPOLIS	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SB VP Inside Sales & AM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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 29 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ALISTAIR D JACQUES
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 OLD LONG LAKE ROAD
 City ORONO State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1653445227838
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. ELIZABETH DARCI D. CORBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7985 LEA CIRCLE
 City BLOOMINGTON State MN Zip Code 55438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Health Care Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1669432227838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Mr. MILES S SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4349 FREMONT AVE S
 City MINNEAPOLIS State MN Zip Code 55409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1746717827838
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	969.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WILLIAM TALAMANTES
Full Name (Last, First, Middle Initial)
Mailing Address 11618 ROLLING MEADOW DR
City GREAT FALLS State VA Zip Code 22066
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Six Sigma Consultant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **216.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR1806444727838
Amount of Each Receipt this Period **57.60**
P/R Deduction (\$40.00 Bi-Weekly)

B. PAUL M EMERSON
Full Name (Last, First, Middle Initial)
Mailing Address 18855 MEADOW VIEW BLVD
City PRIOR LAKE State MN Zip Code 55372
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Business Segment CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **423.06**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR1806750327838
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

C. MICHELLE D LEDELL
Full Name (Last, First, Middle Initial)
Mailing Address 5115 SARATOGA LANE
City PLYMOUTH State MN Zip Code 55442
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Communications
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR1882850627838
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **214.52**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CATHERINE K ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W 2000 S
 City DRIGGS State ID Zip Code 83422
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1903550727838
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. KATHLEEN L BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1903560827838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ROBERT J DUFEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation VP, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1903577127838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.40
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SUSAN B EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City State Zip Code
 WOODBURY MN 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Customer Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1903578127838
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc Dir General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1903591127838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc SVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR1903622027838
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	478.00
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 33 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL D WEYMOUTH
Full Name (Last, First, Middle Initial)
Mailing Address 128 WOODLAND RD
City COVENTRY State CT Zip Code 06238
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 31 / 2012
Transaction ID : PR1903636927838
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

B. RUSSELL A BENNETT
Full Name (Last, First, Middle Initial)
Mailing Address 4 HALSEY AVE
City LAGUNA NIGUEL State CA Zip Code 92677
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119468027838
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. SUSAN LYNN BERKEL
Full Name (Last, First, Middle Initial)
Mailing Address 10 SHADOW GLEN
City IRVINE State CA Zip Code 92620
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119468127838
Amount of Each Receipt this Period 384.00
P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	462.46
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: (check only one)	PAGE 34 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. KATHIE L BRYAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 912 JOSHUA PLACE		Transaction ID : PR2119469427838
City SAN DIEGO	State CA	Zip Code 92154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir Mrkting Comm	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. DAVID S CARLSON		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 13130 WESTPORT ST		Transaction ID : PR2119470227838
City MOORPARK	State CA	Zip Code 93021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Marketing Research	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. LESLIE J CARTER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 19021 POPPY HILL CIRCLE		Transaction ID : PR2119470327838
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Network Contracting	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00	

SUBTOTAL of Receipts This Page (optional).....▶	282.00
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 35 OF 97
<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. RANDELL J CORREIA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1025
 City RANCHO SANTA FE State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2119471327838
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. RICHARD A CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2119471827838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. KENNETH R DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7640 N 10TH AVE
 City PHOENIX State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2119472527838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 97
<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. LINDA M DAYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119472627838

Amount of Each Receipt this Period **38.00**

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

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

Mailing Address 1821 PARK STREET

City HUNTINGTON BEACH State CA Zip Code 92648

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

Name of Employer United HealthCare Services Inc Occupation SVP Networks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119475127838

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115

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

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119475227838

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional)..... **178.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID M HANSEN
Full Name (Last, First, Middle Initial)
Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE	State CA	Zip Code 92673
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2119476727838

Amount of Each Receipt this Period
270.00

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

B. SAMUEL W HO
Full Name (Last, First, Middle Initial)
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 United HealthCare Services Inc	Occupation Market Grp Chief Clinical Off
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1691.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2119477927838

Amount of Each Receipt this Period
307.60

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

C. KEVIN D HOST
Full Name (Last, First, Middle Initial)
Mailing Address 14617 GRANT ST

City OVERLAND PARK	State KS	Zip Code 66221
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Pharmacy Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2119478227838

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	617.60
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: (check only one)	PAGE 38 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. BRIAN JEFFREY

Mailing Address 9 RIMROCK

City IRVINE State CA Zip Code 92603

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

Name of Employer United HealthCare Services Inc Occupation VP Network Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2119479127838

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 3562 REDWOOD

City IRVINE State CA Zip Code 92606

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2119479227838

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232

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

Name of Employer United HealthCare Services Inc Occupation Dir Medical & Clinical Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2119482527838

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **282.00**

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 39 OF 97
<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. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compliance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119485027838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. LYNDA A PAXSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 E GARNET PL
 City HIGHLANDS RANCH State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Field Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119485827838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. AUSTIN T PITTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 LOCH RIDGE DRIVE
 City GREENSBORO State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Networks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1485.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119486727838
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 97
<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. CYNTHIA L POLICH
Full Name (Last, First, Middle Initial)

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718

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

Name of Employer United HealthCare Services Inc Occupation M&R President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119486827838

Amount of Each Receipt this Period 200.00

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

B. SHARON A RICCIUTI
Full Name (Last, First, Middle Initial)

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603

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

Name of Employer United HealthCare Services Inc Occupation Dir Clinical Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119487927838

Amount of Each Receipt this Period 40.00

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

C. MARILYNN D STYERS
Full Name (Last, First, Middle Initial)

Mailing Address 6485 WAYFINDERS CT

City CARLSBAD State CA Zip Code 92009

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

Name of Employer United HealthCare Services Inc Occupation VP, Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2119490727838

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHERYL TANIGAWA MD
Full Name (Last, First, Middle Initial)

Mailing Address 5598 NAPLES CANAL

City LONG BEACH State CA Zip Code 90803

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

Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Health Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119491127838

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 12331 COUNTRY LANE

City SANTA ANA State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119492027838

Amount of Each Receipt this Period **192.00**

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

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

Mailing Address W313 GOLDEN GLOW RD

City KAUKAUNA State WI Zip Code 54130

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

Name of Employer United HealthCare Services Inc Occupation Site Dir Medicare Inside Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2119492627838

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **372.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2119493527838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GREGORY WRIGHT
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2119494127838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. FORREST G BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 LEAF STREET
 City ORONO State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President PS Labor & Trust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2133132427838
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	290.00
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 43 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BROR O HULTGREN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2133133227838
Mailing Address 408 22ND ST		Amount of Each Receipt this Period 76.92
City GOLDEN	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ALLEN D MILLER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2133133627838
Mailing Address 6209 CRESCENT DRIVE		Amount of Each Receipt this Period 70.00
City EDINA	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Regional Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. SUSAN C MORISATO		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2133133827838
Mailing Address 238 ARDMORE ROAD		Amount of Each Receipt this Period 343.00
City DES PLAINES	State IL	Zip Code 60016
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation President Insurance Solutions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1693.00	P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	489.92
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: (check only one)	PAGE 44 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City State Zip Code
 MINNEAPOLIS MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Financial Plng & Analysis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2133134227838
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIANE M SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc Dir Medical & Clinical Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2133134627838
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City State Zip Code
 WESTERVILLE OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Health Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2145728427838
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	511.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer United HealthCare Services Inc Occupation Dir IT Project Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2145728527838

Amount of Each Receipt this Period
76.92

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

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

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 United HealthCare Services Inc Occupation SVP, Client Relationships

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2145729227838

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378

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

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2145729727838

Amount of Each Receipt this Period
70.00

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

SUBTOTAL of Receipts This Page (optional).....▶	186.92
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: (check only one)	PAGE 46 OF 97
<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. DANNETTE L SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 5414 BYSCANE LANE

City MINNETONKA State MN Zip Code 55345

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

Name of Employer United HealthCare Services Inc Occupation Sr Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2123.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2145729927838

Amount of Each Receipt this Period 386.00

P/R Deduction (\$193.00 Bi-Weekly)

B. MARGARET W WEAR
Full Name (Last, First, Middle Initial)

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602

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

Name of Employer United HealthCare Services Inc Occupation VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2145730227838

Amount of Each Receipt this Period 100.00

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

C. DAVID A SPIVACK
Full Name (Last, First, Middle Initial)

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603

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

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2162867627838

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 870.60

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: (check only one)	PAGE 47 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.18

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2225166727838
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2225167427838
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2225813627838
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	846.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHAEL MCGUIRE		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 437 DRURY LANE		Transaction ID : PR2225818827838
City WYCKOFF	State NJ	Zip Code 07481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. ERIC S RANGEN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 15348 RED OAKS ROAD SE		Transaction ID : PR2225819327838
City PRIOR LAKE	State MN	Zip Code 55372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation SVP Chief Accounting Officer	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) C. JOHN D RYAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 45 WESTMORELAND LN		Transaction ID : PR2225819627838
City NAPERVILLE	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation RVP Client Mgmt & Svc	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

SUBTOTAL of Receipts This Page (optional).....▶	501.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 97
<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. ROY THOMAS SAILOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 COYOTE WILLOW DRIVE
 City COLORADO SPRINGS State CO Zip Code 80921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2225819727838
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. KAREN A DIPALMO
 Full Name (Last, First, Middle Initial)
 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 Golden Rule Financial Corp. Occupation Dir Network Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2231347227838
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. DARRELL S RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7244 TULIPTREE TRAIL
 City INDIANAPOLIS State IN Zip Code 46256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2231352327838
 Amount of Each Receipt this Period 160.00
 P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	373.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2247625827838
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2247626827838
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2247627027838
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	365.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DENNIS P O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 61 LOUGHLIN AVE		Transaction ID : PR2247627327838
City COS COB	State CT	Zip Code 06807
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation RVP Network Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

Full Name (Last, First, Middle Initial) B. JEFFERY RICHARD VERNEY		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 266 WESTLEDGE ROAD		Transaction ID : PR2247627427838
City WEST SIMSBURY	State CT	Zip Code 06092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

Full Name (Last, First, Middle Initial) C. DARRELL BROOKS		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 425 QUEENSLAND LANE NORTH		Transaction ID : PR2247627627838
City PLYMOUTH	State MN	Zip Code 55447
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation VP Information Technology	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70	

SUBTOTAL of Receipts This Page (optional).....▶	346.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SANJAY GARODIA		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2247627827838
Mailing Address 282 MIDDAUGH		Amount of Each Receipt this Period 76.92
City CLARENDON HILLS	State IL	Zip Code 60514
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation COO, IBS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

Full Name (Last, First, Middle Initial) B. DANIEL L OHMAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2247628027838
Mailing Address 8970 MOOR PARK RUN		Amount of Each Receipt this Period 53.84
City DULUTH	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		P/R Deduction (\$26.92 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Region CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.12	

Full Name (Last, First, Middle Initial) C. JOHN M PRINCE		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2259738427838
Mailing Address 546 HARRINGTON ROAD		Amount of Each Receipt this Period 194.00
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Market Group CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1067.00	

SUBTOTAL of Receipts This Page (optional).....▶	324.76
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 53 OF 97
<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. CHRISTOPHER L CRONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 PRESSLER #3128
 City AUSTIN State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2270522927838
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. SIMON L STEVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1716 EMERSON AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3369.62

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2364863227838
 Amount of Each Receipt this Period 217.40
 P/R Deduction (\$108.70 Bi-Weekly)

C. JEANNE M DE SA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 TILDEN STREET NW #204-1
 City WASHINGTON State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2402315927838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	394.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANGELA DAWN KEPLEY CARRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 PENINSULA DRIVE
 City JAMESTOWN State NC Zip Code 27282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Case Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2402317727838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2402317927838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2402318227838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 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: (check only one)	PAGE 55 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City TAMPA	State FL	Zip Code 33624
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Project Manager II
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402318427838

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1
							40.00

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

Full Name (Last, First, Middle Initial)
B. DIANE D SOUZA

Mailing Address 360 STANLEY DRIVE

City GLASTONBURY	State CT	Zip Code 06033
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation CEO Specialty Benefits
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402320027838

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1
							384.60

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

Full Name (Last, First, Middle Initial)
C. LORI SWEERE LILIENTHAL

Mailing Address 11826 GERMAINE TERRACE

City EDEN PRAIRIE	State MN	Zip Code 55347
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Human Capital
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2123.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402320227838

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1
							386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	810.60
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: (check only one)	PAGE 56 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SHELLEY WIKE CRANLEY		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR240244427838
Mailing Address 3801 MAURICE COURT		Amount of Each Receipt this Period 200.00
City LAS VEGAS	State NV	Zip Code 89108
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Regulatory Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JAY M ANLIKER		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2402445027838
Mailing Address 4306 MOUNTAIN LANE		Amount of Each Receipt this Period 40.00
City WAUSAU	State WI	Zip Code 54401
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation CEO TPA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JAMES C COLEMAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2402445227838
Mailing Address 4135 ETHAN DRIVE		Amount of Each Receipt this Period 200.00
City EAGAN	State MN	Zip Code 55123
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Employee Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 57 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES D DONOVAN
Full Name (Last, First, Middle Initial)

Mailing Address 2816 MONTREAUX DRIVE

City FRISCO State TX Zip Code 75034

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev and Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2402445327838

Amount of Each Receipt this Period **130.00**

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

B. JOHN L LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2123.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2402445627838

Amount of Each Receipt this Period **386.00**

P/R Deduction (\$193.00 Bi-Weekly)

C. KARA J RIOS
Full Name (Last, First, Middle Initial)

Mailing Address 5116 DUGGAN PLAZA

City EDINA State MN Zip Code 55439

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2402445727838

Amount of Each Receipt this Period **500.00**

P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1016.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOY O HIGA
Full Name (Last, First, Middle Initial)
Mailing Address 2208 ELM AVENUE

City MANHATTAN BEACH	State CA	Zip Code 90266
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Regulatory Affairs
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402446227838

Amount of Each Receipt this Period

60.00

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

B. SOHINI G JINDAL
Full Name (Last, First, Middle Initial)
Mailing Address 9300 IVY TREE LANE

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402446327838

Amount of Each Receipt this Period

200.00

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

C. RUSSELL C PETRELLA
Full Name (Last, First, Middle Initial)
Mailing Address 4612 MOORLAND AVENUE

City EDINA	State MN	Zip Code 55424
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation President C&S
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2402446427838

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2405428827838

Amount of Each Receipt this Period **384.60**

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

B. JOSEPH R STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1621 BERKSHIRE RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **523.60**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2405429127838

Amount of Each Receipt this Period **95.20**

P/R Deduction (\$47.60 Bi-Weekly)

C. RODNEY CHARLES ARMSTEAD
Full Name (Last, First, Middle Initial)

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2405430227838

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **559.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 97
<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. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)
Mailing Address 105 N FLORENCE AVE
City LITCHFIELD PARK State AZ Zip Code 85340
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir General Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2408544827838
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. KATHLYN G WEE
Full Name (Last, First, Middle Initial)
Mailing Address 4118 38TH ST NW
City WASHINGTON State DC Zip Code 20016
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2408545027838
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. GAIL KOZIARA BOUDREAU
Full Name (Last, First, Middle Initial)
Mailing Address 841 HOLDEN COURT
City LAKE FOREST State IL Zip Code 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP & Gr Pres UHC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.41

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2437119527838
Amount of Each Receipt this Period 384.62
P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	464.62
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 61 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY SEAN CORZINE
Full Name (Last, First, Middle Initial)

Mailing Address 7649 EARLINGTON PARKWAY

City DUBLIN State OH Zip Code 43017

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

Name of Employer: United HealthCare Services Inc
Occupation: Dir Marketing Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **05 / 31 / 2012**

Transaction ID : PR2437119727838

Amount of Each Receipt this Period: **40.00**

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

B. DAVID K LIVINGSTON
Full Name (Last, First, Middle Initial)

Mailing Address 24570 RIDGE POLE COURT

City SOUTH LYON State MI Zip Code 48178

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

Name of Employer: United HealthCare Services Inc
Occupation: Plan President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1067.00**

Date of Receipt: **05 / 31 / 2012**

Transaction ID : PR2437120227838

Amount of Each Receipt this Period: **194.00**

P/R Deduction (\$97.00 Bi-Weekly)

C. JACK S WEISS
Full Name (Last, First, Middle Initial)

Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250

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

Name of Employer: United HealthCare Services Inc
Occupation: Natl Medical Director/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **05 / 31 / 2012**

Transaction ID : PR2437120527838

Amount of Each Receipt this Period: **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **284.00**

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 62 OF 97
<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. PAUL JOSEPH BALTHAZOR
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
BROOKLYN PARK MN 55443

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR2437120727838

Amount of Each Receipt this Period
120.00

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

B. KELLY L CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
ROSEMOUNT MN 55068

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR2437121327838

Amount of Each Receipt this Period
76.92

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

C. LAURA L NESS
Full Name (Last, First, Middle Initial)

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
05 / 31 / 2012

Transaction ID : PR2437121527838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	274.92
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: (check only one)	PAGE 63 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN P BLANK
Full Name (Last, First, Middle Initial)

Mailing Address 1582 MEDINA RD

City MEDINA	State MN	Zip Code 55356
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Operations
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2437126927838

Amount of Each Receipt this Period

970.00

P/R Deduction (\$97.00 Bi-Weekly)

B. PETER W RAINEY
Full Name (Last, First, Middle Initial)

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS	State MN	Zip Code 55410
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Finance
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2437127527838

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. ROBIN E LIPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.41**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2439928027838

Amount of Each Receipt this Period

384.62

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

SUBTOTAL of Receipts This Page (optional).....▶	559.62
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: (check only one)	PAGE 64 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STEPHEN M HEYMAN
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2444265727838

Amount of Each Receipt this Period **200.00**

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

B. JAMES E MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 100 3RD AVE S UNIT 2501

City MINNEAPOLIS State MN Zip Code 55401-2721

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

Name of Employer United HealthCare Services Inc Occupation Business Segment COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2444561427838

Amount of Each Receipt this Period **2500.00**

P/R Deduction (\$2500.00 Bi-Weekly)

C. LORI C MCDUGAL
Full Name (Last, First, Middle Initial)

Mailing Address 19705 LAKEVIEW AVENUE

City DEEPHAVEN State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation CEO - UMVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2445015327838

Amount of Each Receipt this Period **384.60**

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

SUBTOTAL of Receipts This Page (optional).....▶	3084.60
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: (check only one)	PAGE 65 OF 97
<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. DONALD S LANGER
Full Name (Last, First, Middle Initial)
Mailing Address 177 SOUTHBOROUGH ROAD

City SOUTHINGTON	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Plan President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2445015427838

Amount of Each Receipt this Period

40.00

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

B. AMY R ADLINGTON
Full Name (Last, First, Middle Initial)
Mailing Address 1211 LAGOON AVE #503

City MINNEAPOLIS	State MN	Zip Code 55408-3996
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Human Capital
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2445016427838

Amount of Each Receipt this Period

2000.00

P/R Deduction (\$2000.00 Bi-Weekly)

C. CHARLES L WILKINS
Full Name (Last, First, Middle Initial)
Mailing Address 10827 MOUNT CURVE ROAD

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO OH Financial Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2445016627838

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2240.00
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 66 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. MARK J DUHAIME

Mailing Address 5781 RUBY DRIVE

City State Zip Code
TROY MI 48085

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

Name of Employer Occupation
United HealthCare Services Inc VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2445016927838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SABRINA FERGUSON

Mailing Address 507 NORTHWIND DRIVE

City State Zip Code
BRANDON MS 39047

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

Name of Employer Occupation
United HealthCare Services Inc Assoc Dir Clinical Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2445017227838

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City State Zip Code
SHOKAN NY 12481

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

Name of Employer Occupation
United HealthCare Services Inc Dir Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.70

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2460167227838

Amount of Each Receipt this Period
55.40

P/R Deduction (\$27.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	173.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DANIEL KRAJNOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9958 BUTTOWNDOWN LANE
 City ZIONSVILLE State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460167327838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. KARIN KEITEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3918 HAVEN ROAD
 City MINNETONKA State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460167627838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. SHELBY P SOLOMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5702 BLAKE ROAD
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Government
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460167927838
 Amount of Each Receipt this Period 230.00
 P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 68 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JELKA S PETROVIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4454 PEPPER MILL LANE
 City ORION State MI Zip Code 48359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460168027838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. LARRY C RENFRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DOVE LANE
 City ANDOVER State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP, UHG and CEO, Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460168127838
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID B ORBUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2460168227838
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	501.60
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: (check only one)	PAGE 69 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIC J WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2463723127838
 Amount of Each Receipt this Period 64.00
 P/R Deduction (\$32.00 Bi-Weekly)

B. KAREN L WALKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6359 COUNTRY ROAD
 City EDEN PRAIRIE State MN Zip Code 55346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Provider Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2463723427838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. SUE SCHICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 BERKLEY ROAD
 City MERION STATION State PA Zip Code 19066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2480620527838
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	354.00
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 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JO ANNE M ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 KNOLL DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2484541627838
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. MATTHEW A BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 EAST 4TH STREET
 City EDMOND State OK Zip Code 73034-5305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2484541727838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. JAMES F COPPENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5965 LAKE LINDEN COURT
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Total Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 694.65

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2484541927838
 Amount of Each Receipt this Period 126.30
 P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.30
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: (check only one)	PAGE 71 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LILLIAN R HECKMAN
Full Name (Last, First, Middle Initial)
Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL	State PA	Zip Code 19422
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Project Management
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2484542127838

Amount of Each Receipt this Period

60.00

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

B. KEVIN KNARR
Full Name (Last, First, Middle Initial)
Mailing Address 3138 O STREET NW

City WASHINGTON	State DC	Zip Code 20007-3116
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Operations
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2484542327838

Amount of Each Receipt this Period

2538.46

P/R Deduction (\$2500.00 Bi-Weekly)

C. MARK A PHILLIPS
Full Name (Last, First, Middle Initial)
Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN	State MN	Zip Code 55317
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Sales
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2484542627838

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2637.46
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: (check only one)	PAGE 72 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JERI G KUBICKI
Full Name (Last, First, Middle Initial)
Mailing Address 7659 COLDSTREAM DRIVE
City CINCINNATI State OH Zip Code 45255
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2486697827838
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Bi-Weekly)

B. THOMAS B MANDERFELD
Full Name (Last, First, Middle Initial)
Mailing Address 4835 PENN AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55419
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP General Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2486697927838
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

C. DIRK C MCMAHON
Full Name (Last, First, Middle Initial)
Mailing Address 1608 SUMMIT OAKS CT
City BURNSVILLE State MN Zip Code 55337
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1100.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2491457027838
Amount of Each Receipt this Period **200.00**
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **380.00**
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 73 OF 97
<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. JOHN G NACKEL
Full Name (Last, First, Middle Initial)

Mailing Address 666 LINDA VISTA AVENUE

City PASADENA	State CA	Zip Code 91105
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP OptumInsight Consulting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2491457227838

Amount of Each Receipt this Period

970.00

P/R Deduction (\$97.00 Bi-Weekly)

B. CHRISTOPHER S STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 12934 W 81ST AVE

City ARVADA	State CO	Zip Code 80005
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Medical Director
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2491457427838

Amount of Each Receipt this Period

100.00

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

C. KATHRYN M SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Region CEO
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1067.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2491457527838

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	391.00
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 74 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARA V SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 3 14 STREET NORTH EAST

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2540175327838

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

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

Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2541300427838

Amount of Each Receipt this Period
100.00

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

C. MATTHEW A KING
Full Name (Last, First, Middle Initial)

Mailing Address 1112 LORME COURT

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2541300527838

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	507.70
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: (check only one)	PAGE 75 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1057.76

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2541300827838

Amount of Each Receipt this Period
192.32

P/R Deduction (\$96.16 Bi-Weekly)

B. JOHN F DOHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2542024527838

Amount of Each Receipt this Period
100.00

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

C. MATTHEW D ONSTOTT
Full Name (Last, First, Middle Initial)

Mailing Address 2324 LA SENDA STREET

City SANTA FE State NM Zip Code 87505

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2542024627838

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	332.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 97
<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. BRENDAN HOSTETLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3643 N SEELEY AVENUE #2
 City CHICAGO State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2542541927838
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. JENNIFER L MCMULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 857 GLENBROOK DRIVE
 City ATLANTA State GA Zip Code 30318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2542542127838
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. RICHARD E RAMSAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2542542227838
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	210.00
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 77 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2542542327838

Amount of Each Receipt this Period 60.00

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

B. CHANTA G COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2552313527838

Amount of Each Receipt this Period 76.92

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

C. JEFFREY D ALTER
Full Name (Last, First, Middle Initial)

Mailing Address 3 WOODLAND ROAD

City PORT JEFFERSON State NY Zip Code 11777-1053

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2552960227838

Amount of Each Receipt this Period 4000.00

P/R Deduction (\$4000.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 4136.92

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: (check only one)	PAGE 78 OF 97
<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. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11700 ARBORHILL DRIVE
 City ZIONSVILLE State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2552961327838
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2552962327838
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2552962727838
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	226.00
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 79 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GARY C JADER
Full Name (Last, First, Middle Initial)

Mailing Address 974 JASMINE AVE NORTH

City LAKE ELMO State MN Zip Code 55042-9700

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2552963127838

Amount of Each Receipt this Period
325.00

P/R Deduction (\$325.00 Bi-Weekly)

B. GREGORY J JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2552963227838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. JARRETT T JEDLICKA
Full Name (Last, First, Middle Initial)

Mailing Address 13852 BIRCHWOOD AVE

City ROSEMOUNT State MN Zip Code 55068

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

Name of Employer United HealthCare Services Inc Occupation Dir Traffic/Workforce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : PR2552963327838

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	483.00
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 80 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BENJAMIN T KEHL		Date of Receipt
Mailing Address 19619 CALUMET COURT		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGTON	MN	55024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552963527838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir General Management	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) B. NARASIMHAN KIDAMBI		Date of Receipt
Mailing Address 18477 85TH AVE N		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MAPLE GROVE	MN	55311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552963827838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Assoc Dir Business Analysis	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS D SCIUTO		Date of Receipt
Mailing Address 160 ACORN LANE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MILFORD	CT	06461
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552966127838
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	KA Dir Acct Mgmt	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="198.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 97
<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. WILLIAM OWEN WILLIAMS II
Full Name (Last, First, Middle Initial)

Mailing Address 12419 BELLINGRATH STREET

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer Golden Rule Insurance Company	Occupation Associate General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2552967127838

Amount of Each Receipt this Period

80.00

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

B. DARLA T O'DONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 2998 PRESERVE BOULEVARD

City PRIOR LAKE	State MN	Zip Code 55372-1050
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Chief of Staff
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2553474927838

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Bi-Weekly)

C. MONICA L RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS	State IL	Zip Code 60061
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Claims
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2553475127838

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	558.00
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 82 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RICHARD D THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 DUPONT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2553475427838
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. DENEEN VOJTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 KELLOGG AVENUE
 City State Zip Code
 EDINA MN 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Initiatives & Clin Aff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2123.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2553475527838
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City State Zip Code
 ANDOVER MN 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Information Technology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2554013027838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	658.00
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 83 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)

Mailing Address 6017 N 68TH STREET

City OMAHA State NE Zip Code 68104

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2560064427838

Amount of Each Receipt this Period 194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. CRAIG W GAGE
Full Name (Last, First, Middle Initial)

Mailing Address 275 BAYSHORE BLVD #1007

City TAMPA State FL Zip Code 33606

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2560064727838

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. DONALD J GIANCURSIO
Full Name (Last, First, Middle Initial)

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS State NV Zip Code 89135

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

Name of Employer Health Plan of Nevada Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2123.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2560064927838

Amount of Each Receipt this Period 386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 658.00

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 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JERI L JONES		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2560065127838
Mailing Address 512 W ORANGEWOOD AVE		Amount of Each Receipt this Period 78.00
City PHOENIX	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SHELDON LIPPMAN		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2560065427838
Mailing Address 55 CLIFFFIELD ROAD		Amount of Each Receipt this Period 194.00
City BEDFORD	State NY	Zip Code 10506
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1067.00	P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ANGELA L LOBERG		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : PR2560065527838
Mailing Address 2837 EAST PARK PLACE		Amount of Each Receipt this Period 194.00
City MILWAUKEE	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SB VP Sales and Account Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1067.00	P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	466.00
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 85 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY D LUCHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 MAIN ST
 City State Zip Code
 S GLASTONBURY CT 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP, Actuarial & Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2560065627838
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. DAVID MILICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 BIRCHMERE COURT
 City State Zip Code
 KATY TX 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Health Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2560066027838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. ROBERT LASSITER
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 N RAINBOW BLVD
 City State Zip Code
 LAS VEGAS NV 89107-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Solution Sls Exec OptumInsight
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2560398627838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 86 OF 97
<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. TIMOTHY J NOEL
Full Name (Last, First, Middle Initial)

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55410

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2560398827838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. JAMES CRONIN
Full Name (Last, First, Middle Initial)

Mailing Address 20700 DELTA DRIVE

City State Zip Code
GAITHERSBURG MD 20882

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

Name of Employer Occupation
United HealthCare Services Inc Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2560821127838

Amount of Each Receipt this Period
76.92

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

C. LARRY W CAVANAUGH
Full Name (Last, First, Middle Initial)

Mailing Address 520 NE 20TH ST # 1010

City State Zip Code
FORT LAUDERDALE FL 33305

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

Name of Employer Occupation
United HealthCare Services Inc Spec Ben Govt Dental Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2563211027838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	232.92
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: (check only one)	PAGE 87 OF 97
<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. KATHLEEN R CRAMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 SOUTH OCEAN BLVD B5
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2563211127838
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 4TH STREET NORTH
 City ARLINGTON State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2564296827838
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ARTHUR R MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 ASHINGTON LANDING DRIVE
 City TAMPA State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2564296927838
 Amount of Each Receipt this Period
 333.34
 P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	727.34
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 88 OF 97
<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. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2564297127838
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2564297327838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City AUSTIN State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012
Transaction ID : PR2564297527838
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	356.00
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 89 OF 97
<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. CHRISTOPHER CHARLES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 OVERLOOK ROAD
 City DAYTON State MN Zip Code 55327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564802627838
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller - Market Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564802727838
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564803127838
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	428.00
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 90 OF 97
<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. KATHERINE L KENNY
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882

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

Name of Employer United HealthCare Services Inc Occupation SB, VP of Account Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564803227838

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. PAUL O MARDEN
Full Name (Last, First, Middle Initial)

Mailing Address 718 HICKORY HILL RD

City FRANKLIN LAKES State NJ Zip Code 07417

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

Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564803327838

Amount of Each Receipt this Period 78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM T MCENERY
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2564803627838

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 356.00

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 91 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
BROOKEVILLE MD 20833

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2564803927838

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
United HealthCare Services Inc Sr Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2564804027838

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KATHRYN S RUBIN

Mailing Address 310 SYCAMORE LANE

City State Zip Code
PLYMOUTH MN 55441

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

Name of Employer Occupation
United HealthCare Services Inc VP Social Resp/Pres Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1067.00

Date of Receipt
05 / 31 / 2012
Transaction ID : PR2564804327838

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	466.00
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 92 OF 97
<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. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2564804527838

Amount of Each Receipt this Period

80.00

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

B. ROBERT EDWARD CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3220 XANTHUS LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Marketing Bus Dev
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2567129627838

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. WENDY D ARNONE
Full Name (Last, First, Middle Initial)

Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2568900527838

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	258.00
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 93 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KENDALL B MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 W24078 CRAVEN DR
 City SUSSEX State WI Zip Code 53089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB Dir Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2568900627838
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MATTHEW H STEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5131 MASSACHUSETTS AVENUE
 City BETHESDA State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2571777927838
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. RICHARD A ELLIOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 WOODSCAPE TRAIL
 City ALPHARETTA State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 05 / 31 / 2012
Transaction ID : PR2572588827838
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 234.00
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 94 OF 97
<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. JEFFREY P DEAN
Full Name (Last, First, Middle Initial)

Mailing Address W5912 DEAN ROAD

City TOMAHAWK State WI Zip Code 54487

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

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2572589427838

Amount of Each Receipt this Period **80.00**

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

B. KEVIN JAMES CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2572590027838

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. THERESA M CLARKE
Full Name (Last, First, Middle Initial)

Mailing Address 16644 GRAND AVE

City BELLFLOWER State CA Zip Code 90706

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

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Utilization Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **05 / 31 / 2012**

Transaction ID : PR2572591127838

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **236.00**

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 95 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS P WIFFLER
Full Name (Last, First, Middle Initial)
Mailing Address 1421 SOMERFIELD DRIVE
City BOLINGBROOK State IL Zip Code 60490
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **679.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2572992727838
Amount of Each Receipt this Period **194.00**
P/R Deduction (\$97.00 Bi-Weekly)

B. MICHAEL J MCGINNITY
Full Name (Last, First, Middle Initial)
Mailing Address 903 MCINDOE ST
City WAUSAU State WI Zip Code 54403
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **234.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2573519027838
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN C SICKELS
Full Name (Last, First, Middle Initial)
Mailing Address 1706 TALL OAKS
City WAUSAU State WI Zip Code 54403
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation TPA National VP Sales & AM
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **234.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2573519127838
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANITA Q MESSAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 16935 41ST AVE N
 City PLYMOUTH State MN Zip Code 55446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2573877027838
 Amount of Each Receipt this Period **250.00**
 P/R Deduction (\$125.00 Bi-Weekly)

B. DAVID W ALLAZETTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 DARTMOUTH HILLS STREET
 City LAS VEGAS State NV Zip Code 89138-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Sierra VP Sales & Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2574995427838
 Amount of Each Receipt this Period **365.00**
 P/R Deduction (\$365.00 Bi-Weekly)

C. COLLEEN HASTINGS VAN HAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 W BELMONT AVE UNIT 501
 City CHICAGO State IL Zip Code 60618-6668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **05 / 31 / 2012**
Transaction ID : PR2575341927838
 Amount of Each Receipt this Period **365.00**
 P/R Deduction (\$365.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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 97 OF 97
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. LINDA E LENG

Mailing Address **PO BOX 5806**

City **SUN CITY WEST** State **AZ** Zip Code **85376-5806**

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

Name of Employer **United HealthCare Services Inc** Occupation **Dir IT Project Mgmt**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : PR2575558527838

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	52267.34