

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 12 06 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Patrick J. Erlandson

Signature of Treasurer Electronically Filed by Patrick J. Erlandson Date 12 07 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		100128.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	126398.75									
(c) Total Receipts (from Line 19)	50059.43	459579.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	176458.18	559708.18								
7. Total Disbursements (from Line 31)	8500.00	391750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	167958.18	167958.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	38731.17	246405.19
(i) Itemized (use Schedule A)	11328.26	69122.45
(ii) Unitemized	50059.43	315527.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50059.43	315527.64
12. Transfers From Affiliated/Other Party Committees	0.00	142052.22
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	2000.00
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50059.43	459579.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50059.43	459579.86

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	329000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	62750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8500.00	391750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8500.00	391750.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50059.43	315527.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50059.43	315527.64
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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)

Full Name (Last, First, Middle Initial) A. MOLLIE CHAPMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159790515896
Mailing Address 4501 Erskine Road OH035-3035		Amount of Each Receipt this Period 30.00
City State Zip Code Cincinnati OH 45242	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Manager, Provider Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. KEN L HOVERMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159790915896
Mailing Address 3650 Olentangy River Rd OH020-3010		Amount of Each Receipt this Period 90.00
City State Zip Code Columbus FL 43214-1138	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC Ohio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. PAMELA A TULUMELLO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159793115896
Mailing Address 1949 E. Sunshine, Suite 300 MO015-1000		Amount of Each Receipt this Period 30.00
City State Zip Code Springfield AZ 65804	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Group Services Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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. MICHAEL J KOEHLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 106 Farmers Alley, Suite 400 MI012-3200		Transaction ID: PR1159795315896
City State Zip Code Kalamazoo TX 49005-0271	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. CEO PHP Southwest Michigan	Aggregate Year-to-Date ▼ _____ 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CARLA M MUGGIO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address One South Wacker IL014-3605		Transaction ID: PR1159798215896
City State Zip Code Chicago PA 60606	Amount of Each Receipt this Period _____ 57.69	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. VP Operations	Aggregate Year-to-Date ▼ _____ 461.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHERYL A POPECK		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 800 N Magnolia Ave., S#600 FL029-1029		Transaction ID: PR1159799415896
City State Zip Code Orlando FL 32803	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Director of Operations	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 207.69
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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. HERBERT L WHETSTINE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 513 Eaton St. MN003-1000		Transaction ID: PR1159803615896	
City State Zip Code St. Paul MN 55107	Amount of Each Receipt this Period _____ 28.83		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Aviation Department Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.64		P/R Deduction (\$9.61 Bi-W- eekly)

Full Name (Last, First, Middle Initial) B. BRIAN R BELLOWS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1175 Post Rd East		Transaction ID: PR1159803815896	
City State Zip Code Westport CT 06880	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales Strategic Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		P/R Deduction (\$15.00 Bi- Weekly)

Full Name (Last, First, Middle Initial) C. KEITH W NOBLITT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2970 Clairmont Rd #650		Transaction ID: PR1159805515896	
City State Zip Code Atlanta GA 30329-1634	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Strategic Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00		P/R Deduction (\$20.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 133.83
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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. JAMES S WATSON		Date of Receipt
Mailing Address 2717 N. 118th Lucile		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Omaha	NE	68164
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Govt Relations, UHC Midlands	Transaction ID: PR1159806015896
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 461.52	<input type="text"/> 57.69
		P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MARILYN C NEVIN		Date of Receipt
Mailing Address 5901 Lincoln Drive MN012-N220		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Edina	MN	55436
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.	Occupation Director of Risk Management	Transaction ID: PR1159807415896
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 240.00	<input type="text"/> 30.00
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. TRACY L BAHL		Date of Receipt
Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Hartford	NY	06115
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer UnitedHealth Group, Inc.	Occupation President, Strategic Services Group	Transaction ID: PR1159808415896
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 4615.20	<input type="text"/> 576.90
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 664.59
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 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

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

Full Name (Last, First, Middle Initial) A. KENNETH A BURDICK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W318		Transaction ID: PR1159808915896
City Minnetonka	State AZ	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP of Underwriting	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 ▼ 480.00	

Full Name (Last, First, Middle Initial) B. NANCY C ABELMANN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5901 Lincoln Drive MN012-N220		Transaction ID: PR1159809115896
City Edina	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.62
Name of Employer United HealthCare Corpora- tion	Occupation Tax Director	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) C. WILLIAM P WHITELY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address One South Wacker IL014-0910		Transaction ID: PR1159812615896
City Chicago	State MN	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, United HealthCare of Illinois	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 ▼ 4615.20	

SUBTOTAL of Receipts This Page (optional)	671.52
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial) WAYNE F COOK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159812815896	
Mailing Address 601 Office Center Drive PA020-1009		Amount of Each Receipt this Period 115.38	
City State Zip Code Fort Washington PA 19034	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthGroup Occupation Accountant AARP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 325.38		Full Name (Last, First, Middle Initial) B. RICHARD J RASKIN, MD	
Mailing Address 1375 E 9th St., Suite 1100 OH030-3015		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159813515896	
City State Zip Code Cleveland CT 44114	Amount of Each Receipt this Period 57.69		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 461.52		Full Name (Last, First, Middle Initial) C. LOIS E QUAM	
Mailing Address 9900 Bren Road East MN008-T300		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159813715896	
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period 576.90		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation CEO, Ovations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 4615.20		SUBTOTAL of Receipts This Page (optional) ►	
TOTAL This Period (last page this line number only) ►		749.97	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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. RICHARD A COLLINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814015896
Mailing Address 450 Columbus Blvd CT030-1030		Amount of Each Receipt this Period 150.00
City State Zip Code Hartford IN 06115-0450	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. THOMAS H LINDQUIST		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814115896
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 461.52
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$153.84 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation President, AARP Division, Ovations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3692.16	

Full Name (Last, First, Middle Initial) C. DAVID S WICHMANN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814715896
Mailing Address 9900 Bren Road East MN008-W304		Amount of Each Receipt this Period 576.90
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation SVP - Corporate Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

SUBTOTAL of Receipts This Page (optional) ▶	1188.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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)

Full Name (Last, First, Middle Initial) A. SAUL FELDMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815215896
Mailing Address 405 Market Street CA035-2701		Amount of Each Receipt this Period 230.76
City San Francisco State CA Zip Code 94105	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group, Inc. Occupation CEO United Behavioral Health	Aggregate Year-to-Date ▼ 1846.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$76.92 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. PATRICK J ERLANDSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815915896
Mailing Address 9900 Bren Road E MN008-8315		Amount of Each Receipt this Period 576.90
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group, Inc. Occupation VP Corporate Controller	Aggregate Year-to-Date ▼ 4615.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. PIERRE A MCMAHON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816015896
Mailing Address 450 Columbus Blvd CT030-12BB		Amount of Each Receipt this Period 30.00
City Hartford State CT Zip Code 06115-0430	FEC ID number of contributing federal political committee. C	
Name of Employer UnitedHealth Group, Inc. Occupation General Council - Uniprise	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	837.66
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 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"/> 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 9900 Bren Road East
MN008-T500

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
United HealthGroup, Inc. VP Product Development AARP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 623.06

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

Transaction ID: PR1159816415896

Amount of Each Receipt this Period
219.23

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

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

Mailing Address 9900 Bren Road E
MN008-W301

City State Zip Code
Minnetonka MN 55343

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

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

Transaction ID: PR1159816615896

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 9900 Bren Road East
MN008-8092

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Investor Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

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

Transaction ID: PR1159816915896

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	819.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 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. SERAFIN F SANDELLA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817215896
Mailing Address 601 Office Center Drive		Amount of Each Receipt this Period 30.00
City State Zip Code Ft Washington PA 19034	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation United HealthGroup, Inc. Director Compliance AARP	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PAUL D KALLMEYER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817415896
Mailing Address 601 Office Center Drive PA020-1011		Amount of Each Receipt this Period 55.00
City State Zip Code Ft. Washington PA 19034	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation United HealthGroup Attorney	Aggregate Year-to-Date ▼ 265.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SHEILA E MCMILLAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159817515896
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 576.90
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP - Finance AARP Division	Aggregate Year-to-Date ▼ 2192.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	661.90
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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. JOHN R MACH JR		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1159817615896
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Medical Officer, Evercare	P/R Deduction (\$80.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

Full Name (Last, First, Middle Initial) B. TIMOTHY F RYAN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Rd East MN008-T400		Transaction ID: PR1159817915896
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.00
Name of Employer UnitedHealth Group	Occupation Segment General Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

Full Name (Last, First, Middle Initial) C. L ROBERT DAPPER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T902		Transaction ID: PR1159818015896
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.85
Name of Employer UnitedHealth Group	Occupation Senior Vice President Human Capital	P/R Deduction (\$153.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3384.70	

SUBTOTAL of Receipts This Page (optional)	450.85
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 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. Full Name (Last, First, Middle Initial) KELLY J DEKEYSER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159818415896	
Mailing Address 450 Columbus Blvd CT030-15NB		Amount of Each Receipt this Period 57.69	
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group	Occupation Senior VP, Business Process Outsourcin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52		
		P/R Deduction (\$19.23 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) MARK F LINDSAY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159818615896	
Mailing Address 5901 Lincoln Drive MN012-N215		Amount of Each Receipt this Period 576.90	
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20		
		P/R Deduction (\$192.30 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) THOMAS J QUIRK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819115896	
Mailing Address 5800 Granite Parkway, ste 900 TX033-1000		Amount of Each Receipt this Period 115.38	
City Plano State TX Zip Code 75024	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group	Occupation CEO Dallas/Austin Health Plan		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04		
		P/R Deduction (\$38.46 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	749.97
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. AMY K KNAPP		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address Two Penn Plaza, 7th Floor NY036-1000		Transaction ID: PR1159819315896
City New York	State FL	Zip Code 10121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.14
Name of Employer UnitedHealth Group	Occupation Regional President, Eastern Region, UH	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.12	

Full Name (Last, First, Middle Initial) B. WILLIAM E MOELLER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 233 North Michigan Ave IL014-0300		Transaction ID: PR1159819515896
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group	Occupation CEO UnitedHealthcare Illinois	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1769.16	

Full Name (Last, First, Middle Initial) C. LYNELLE IRELAN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 333 North Alabama St Ste 350 IN035-1000		Transaction ID: PR1159819615896
City Indianapolis	State IN	Zip Code 46204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director LifeMark	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	606.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 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. Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819815896
Mailing Address 9900 Bren Road East MN008-T902		Amount of Each Receipt this Period 346.14
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group Sr. V.P. Consumer Health & Medical Car	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2769.12	

B. Full Name (Last, First, Middle Initial) DAVID J FALK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159820215896
Mailing Address 2 Penn Plaza Ste 700 NY036-1000		Amount of Each Receipt this Period 37.50
City State Zip Code New York NY 10121	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) WILLIAM D YOUNG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159821315896
Mailing Address 800 N. Magnolia Ave Ste 600 FL029-1029		Amount of Each Receipt this Period 115.35
City State Zip Code Orlando FL 32803	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.45 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sr. Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 922.80	

SUBTOTAL of Receipts This Page (optional) ▶	498.99
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 21 / 97
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address 9300 W. 110th Ste 350

City State Zip Code
Overland KS 66210

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

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

Transaction ID: PR1159821515896

Amount of Each Receipt this Period
75.00

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

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

Mailing Address 1250 Capital of Tx Hwy S.
Bldg I, Ste 400

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.96

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

Transaction ID: PR1159822015896

Amount of Each Receipt this Period
34.62

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

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

Mailing Address 6300 Olson Memorial Hwy
MN010-S201

City State Zip Code
Golden Valley MN 55427

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

Name of Employer Occupation
UnitedHealth Group, Inc. HealthCare

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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

Transaction ID: PR1159823515896

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► 259.62

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

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 / 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. DAVID J LUBBEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159823815896
Mailing Address 9900 Bren Rd East		Amount of Each Receipt this Period 576.93
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. General Counsel	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4615.28	

Full Name (Last, First, Middle Initial) B. ELISE A GEMEINHARDT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159824915896
Mailing Address 1620 L St. NY #800 DC030-1000		Amount of Each Receipt this Period 230.76
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP Federal Affairs	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1846.08	

Full Name (Last, First, Middle Initial) C. BEVERLY H NYCE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159826015896
Mailing Address 450 Columbus Blvd, CT030-1030		Amount of Each Receipt this Period 346.14
City State Zip Code Hartford MN 06115	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Senior VP Uniprise	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2769.12	

SUBTOTAL of Receipts This Page (optional) ▶	1153.83
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 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. Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159827415896	
Mailing Address 12125 Technology Drive MN002-0145		Amount of Each Receipt this Period 230.76	
City State Zip Code Eden Prairie MN 55344	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Ingenix Employer Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.08		
		P/R Deduction (\$76.92 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) BARBARA C BUENEMANN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159828715896	
Mailing Address 13655 Riverport Trail MO050-1000		Amount of Each Receipt this Period 34.62	
City State Zip Code Maryland Heights MO 63043	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC of the Midwest, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96		
		P/R Deduction (\$11.54 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) JEANNINE M RIVET		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159830015896	
Mailing Address 9900 Bren Road E. MN008-W315		Amount of Each Receipt this Period 576.90	
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Executive VP/Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20		
		P/R Deduction (\$192.30 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	842.28
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 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)

Full Name (Last, First, Middle Initial) A. WILLIAM J ANTHONY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1159830215896
City Minnetonka	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Call Center Operations - Ovations	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 ▼ 923.04	

Full Name (Last, First, Middle Initial) B. JACK E SHUFF		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1160 Town Center Dr., Ste 390 NV005-1000		Transaction ID: PR1159830515896
City Las Vegas	State GA	Zip Code 89134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Sales and Service	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. PAUL J GRANDPRE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 450 Columbus Blvd 3NB-A		Transaction ID: PR1159837115896
City Hartford	State CT	Zip Code 06115-0450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Customer Admin Svcs	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	203.07
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 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. JOHN KIRCHNER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 172 West State St., Suite 102 NJ040-1000		Transaction ID: PR1530190515896
City State Zip Code Trenton NJ 08530	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President	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 ▼ 923.04	

Full Name (Last, First, Middle Initial) B. LESLIE GIDDENS ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR1530798315896
City State Zip Code Vienna VA 22182	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 346.14
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Medical Management	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.12	

Full Name (Last, First, Middle Initial) C. DEBORAH MATES CHASKES		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR1530798515896
City State Zip Code Vienna VA 22182	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	761.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. THELMA DUGGIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR1530799215896
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 576.93	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$192.31 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4615.28	

Full Name (Last, First, Middle Initial) B. Mr EDGAR G RIOS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8045 Leesburg Pike, 6th Fl		Transaction ID: PR1550188315896
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period _____ 576.90	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4615.20	

Full Name (Last, First, Middle Initial) C. MARY G SHINHAM		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 100 Penn Square, FL9 PA040-1000		Transaction ID: PR1550190915896
City State Zip Code Philadelphia VA 19107	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1213.83
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 / 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. Full Name (Last, First, Middle Initial) ROBERT J BOHNENKAMP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005615896	
Mailing Address 9900 Bren Road East MN008-W300		Amount of Each Receipt this Period 174.00	
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1392.00		
		P/R Deduction (\$58.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) MICHAEL J BRESOLIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551005715896	
Mailing Address 1900 E Golf Rd #200/300 IL035-0300		Amount of Each Receipt this Period 60.00	
City State Zip Code Schaumburg IL 60173	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) TIMOTHY J HEADY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551122515896	
Mailing Address 5901 Lincoln Drive MN012-S234		Amount of Each Receipt this Period 120.00	
City State Zip Code Edina MN 55436	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		
		P/R Deduction (\$40.00 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 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. Full Name (Last, First, Middle Initial) MICHAEL C MATTEO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551133415896
Mailing Address 450 Columbus Blvd CT030-15NB		Amount of Each Receipt this Period 57.69
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date 461.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) DAWN M OWENS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551160315896
Mailing Address FL 35 1114 AVENUE OF THE AMERICAS NY065-W350		Amount of Each Receipt this Period 576.00
City State Zip Code NEW YORK NY 10036	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date 4608.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) CATHERINE M PERRY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551160415896
Mailing Address 8051 East Maplewood Ave. #300 CO030-1000		Amount of Each Receipt this Period 60.00
City State Zip Code Greenwood Village CO 80111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Nurse	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	693.69
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 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. ERIKA A ROGERS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551160715896
Mailing Address 2080 East 20th Street CA060-1000		Amount of Each Receipt this Period 30.00
City State Zip Code Chico CA 95928	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Management	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THOMAS J VALERIUS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551161315896
Mailing Address 9900 Bren Road East MN008-T850		Amount of Each Receipt this Period 230.76
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 1846.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LOIS T WEIHRAUCH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551161415896
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 45.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Computer Systems	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	305.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 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)

A. Full Name (Last, First, Middle Initial)
ANTHONY R CARR

Mailing Address 13621 Nw 12th St
FL075-1000

City Sunrise State FL Zip Code 33323

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

Name of Employer UnitedHealth Group, Inc. Occupation Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: PR1554323415896

Amount of Each Receipt this Period

45.00

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

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

Mailing Address 450 Columbus Blvd
CT030-07SB

City Hartford State CT Zip Code 06103

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

Name of Employer UnitedHealth Group, Inc. Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt

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

Transaction ID: PR1554323515896

Amount of Each Receipt this Period

33.00

P/R Deduction (\$11.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHRISTINE M HARRIS

Mailing Address 450 Columbus Blve
CT030-11NA

City Hartford State CT Zip Code 06103

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

Name of Employer UnitedHealth Group, Inc. Occupation Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR1554323615896

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 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

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

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

Mailing Address 9900 Bren Road East
MN008-T500

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
UnitedHealth Group, Inc. Senior Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1152.00

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

Transaction ID: PR1554323915896

Amount of Each Receipt this Period
144.00

P/R Deduction (\$48.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOSEPH J MCERLANE

Mailing Address 5402 Parkdale Drive #300
MN025-2500

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
UnitedHealth Group, Inc. Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

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

Transaction ID: PR1554324115896

Amount of Each Receipt this Period
57.69

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

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

Mailing Address 3141 North Third Ave
AZ060-S120

City State Zip Code
Phoenix DC 85013

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

Name of Employer Occupation
UnitedHealth Group, Inc. Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

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

Transaction ID: PR1554324515896

Amount of Each Receipt this Period
57.69

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

SUBTOTAL of Receipts This Page (optional)	259.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 35 / 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. CATHERINE E SPILLANE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9700 Bissonnet Suite 2300/2500 TX037-0100		Transaction ID: PR1554324615896
City State Zip Code Houston TX 77036-8000	Amount of Each Receipt this Period _____ 57.69	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	

Full Name (Last, First, Middle Initial) B. KIRK E STAPLETON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5901 Lincoln Drive MN012-S138		Transaction ID: PR1554324715896
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period _____ 150.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Network Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00	

Full Name (Last, First, Middle Initial) C. CRAIG C ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-15NB		Transaction ID: PR1575957315896
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period _____ 57.69	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	

SUBTOTAL of Receipts This Page (optional) ▶	265.38
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 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. Full Name (Last, First, Middle Initial)
 KAREN L ERICKSON

Mailing Address 5901 Lincoln Drive
 MN012-N110

City State Zip Code
 Edina MN 55436

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

Name of Employer Occupation
 UnitedHealth Group, Inc. Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

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

Transaction ID: PR1575957615896

Amount of Each Receipt this Period
 120.00

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

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

Mailing Address The Wannamaker Building 100 Penn S
 PA040-1000

City State Zip Code
 Philadelphia NY 19107

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

Name of Employer Occupation
 UnitedHealth Group, Inc. Computer Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1846.08

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

Transaction ID: PR1575958115896

Amount of Each Receipt this Period
 230.76

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

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

Mailing Address 12125 TECHNOLOGY DRIVE
 MN002-0100

City State Zip Code
 EDEN PRAIRIE MN 55344

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

Name of Employer Occupation
 UnitedHealth Group, Inc. Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4615.20

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

Transaction ID: PR1575958515896

Amount of Each Receipt this Period
 576.90

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

SUBTOTAL of Receipts This Page (optional) ▶ **927.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 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	

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

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

A. Full Name (Last, First, Middle Initial) TOM M DAVIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5975 Castle Creek PKWY N DR STE 1 IN040-1000		Transaction ID: PR1580863515896
City Indianapolis State IN Zip Code 46250	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Director Sales	Aggregate Year-to-Date ▼ _____ 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) DAVID B OSTLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2525 Lake Park Boulevard UT015-0500		Transaction ID: PR1580864615896
City West Valley City State MN Zip Code 84120	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Marketing	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) THOMAS S PAUL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T500		Transaction ID: PR1580864715896
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 115.38	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Pharmacy	Aggregate Year-to-Date ▼ _____ 923.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 265.38
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 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. JIMMIE L POGUE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580864815896
Mailing Address 601 Office Center Drive PA020-1000		Amount of Each Receipt this Period 57.69
City State Zip Code Fort Washington PA 19034	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Health Care	Aggregate Year-to-Date ▼ 461.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KAREN R SCHIEVELBEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580865115896
Mailing Address 425 Market St Floor 12/13/27 CA035-2700		Amount of Each Receipt this Period 230.76
City State Zip Code San Francisco MD 94105	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Aggregate Year-to-Date ▼ 1846.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOSEPH O WEISSENBORN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580865415896
Mailing Address 9900 Bren Road East MN008-T850		Amount of Each Receipt this Period 255.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. HR Benefits	Aggregate Year-to-Date ▼ 2040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	543.45
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 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. GEORGE E BENNETT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303615896
Mailing Address 4170 Ashford Dunwoody RD Ste 100 GA035-1000		Amount of Each Receipt this Period 30.00
City Atlanta State GA Zip Code 30319	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM S BOJAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303715896
Mailing Address 9900 Bren Road East MN008-T205		Amount of Each Receipt this Period 120.00
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Risk Management	Aggregate Year-to-Date ▼ 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BRIGID A BONNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303815896
Mailing Address 9900 Bren Road East MN008-W212		Amount of Each Receipt this Period 60.00
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Technology	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CHARLES A BOWLES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303915896
Mailing Address P.O Box 9472 PA960-1000		Amount of Each Receipt this Period 57.69
City Minneapolis	State MN	Zip Code 55440-9472
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) B. PAUL H GULSTRAND		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304015896
Mailing Address 6300 Olson Memorial HWY MN010-E112		Amount of Each Receipt this Period 115.38
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

Full Name (Last, First, Middle Initial) C. RICHARD J HUGHES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304115896
Mailing Address 6300 Olson Memorial Hwy MN010-S268		Amount of Each Receipt this Period 30.00
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	203.07
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 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)

A. Full Name (Last, First, Middle Initial)
PAMELA N HURSH

Mailing Address 6300 Olson Memorial HWY
MN010-S203

City State Zip Code
Golden Valley MN 55427

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

Name of Employer UnitedHealth Group, Inc. Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR1596304215896

Amount of Each Receipt this Period
75.00

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

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

Mailing Address 450 Columbus Blvd
CT030-03NB

City State Zip Code
Hartford CT 06103

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

Name of Employer UnitedHealth Group, Inc. Occupation Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR1596304415896

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 9900 Bren Road East
MN008-T500

City State Zip Code
Minnetonka MN 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 557.67

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

Transaction ID: PR1596304515896

Amount of Each Receipt this Period
153.84

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

SUBTOTAL of Receipts This Page (optional) ▶ **258.84**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 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

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

A. Full Name (Last, First, Middle Initial) JAY S MATUSHAK			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 9900 Bren Road East MN008-T700			Transaction ID: PR1596304615896		
City Minnetonka	State MN	Zip Code 55343	Amount of Each Receipt this Period 34.62		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$11.54 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Finance	Aggregate Year-to-Date ▼ 276.96		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B. Full Name (Last, First, Middle Initial) MICHAEL JOHN MCDONNELL			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 5901 Lincoln Drive MN012-N205			Transaction ID: PR1596304715896		
City Edina	State MN	Zip Code 55436	Amount of Each Receipt this Period 231.00		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$77.00 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Attorney	Aggregate Year-to-Date ▼ 1848.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C. Full Name (Last, First, Middle Initial) GEORGE L MIKAN III			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 9900 Bren Road East MN008-T700			Transaction ID: PR1596304815896		
City Minnetonka	State MN	Zip Code 55343	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$76.92 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Finance	Aggregate Year-to-Date ▼ 1846.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	496.38
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 43 / 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)

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

Mailing Address 6300 Olson Memorial HWY
MN010-E112

City State Zip Code
Golden Valley MN 55427

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

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

Transaction ID: PR1596304915896

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 425 Market St FL 12/13/27
CA035-2700

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation Personnel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

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

Transaction ID: PR1596305015896

Amount of Each Receipt this Period
34.62

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

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

Mailing Address 9900 Bren Road East
MN008-W395

City State Zip Code
Minnetonka MN 55343

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

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

Transaction ID: PR1596305615896

Amount of Each Receipt this Period
57.69

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

SUBTOTAL of Receipts This Page (optional)	207.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 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)

A. Full Name (Last, First, Middle Initial) ROGER A WEBER Mailing Address 6300 Olson Memorial Hwy MN010-W115 City State Zip Code Golden Valley MN 55427 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596305715896 Amount of Each Receipt this Period 34.62
Name of Employer Occupation UnitedHealth Group, Inc. Administration Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 276.96	P/R Deduction (\$11.54 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) THOMAS D LEWIS Mailing Address 3838 N Causeway Blvd STE 2100 LA035-1000 City State Zip Code Metairie FL 70002 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596306915896 Amount of Each Receipt this Period 115.38
Name of Employer Occupation UnitedHealth Group, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER Mailing Address 9900 Bren Road East MN008-T380 City State Zip Code Minnetonka MN 55343 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596307015896 Amount of Each Receipt this Period 87.00
Name of Employer Occupation UnitedHealth Group, Inc. Cash Management Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 696.00	P/R Deduction (\$29.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	237.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) ROBERT REBITZER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596307115896
Mailing Address 425 Market St Fl 12/13/27 CA035-2700		Amount of Each Receipt this Period 38.46
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ 442.29	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) DIANE L BEDNAR-FLYNN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309715896
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 60.00
City State Zip Code Minnetonka NY 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Health Care Services	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) LISA M BEHNKE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309815896
Mailing Address Two Penn Plaza 6/7 Floors NY036-1000		Amount of Each Receipt this Period 300.00
City State Zip Code New York FL 10121	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Medicine	Aggregate Year-to-Date ▼ 2400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	398.46
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 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. TROY A BORCA		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T500		Transaction ID: PR1596310415896
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. JEFFREY S COOK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5959 Northwest Pkwy Ste 107 TX061-1000		Transaction ID: PR1596311315896
City State Zip Code San Antonio TX 78249	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 34.62
Name of Employer Occupation UnitedHealth Group, Inc. Network Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$11.54 Bi-Weekly)
Aggregate Year-to-Date ▼ 276.96		

Full Name (Last, First, Middle Initial) C. RAMON E COTO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 13621 NW 12th St FL075-1000		Transaction ID: PR1596311515896
City State Zip Code Sunrise FL 33323	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.69
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$19.23 Bi-Weekly)
Aggregate Year-to-Date ▼ 461.52		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. ANNE D DEFUSCO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-15NA		Transaction ID: PR1596311715896
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.62
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) B. JEFFREY P DOOLEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9009 Corporate Lake Drive FL021-1021		Transaction ID: PR1596312115896
City Tampa	State CA	Zip Code 33634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.62
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) C. RICHARD G DUNLOP		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9200 Worthington Road OH020-3010		Transaction ID: PR1596312315896
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	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 ▼ 585.00	

SUBTOTAL of Receipts This Page (optional)	129.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 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. KEITH A EPPERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312415896
Mailing Address 5901 Lincoln Drive MN012-N230		Amount of Each Receipt this Period 45.00
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Actuary	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. JILLIAN R FOUCRE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312715896
Mailing Address 233 North Michigan Ave IL014-3605		Amount of Each Receipt this Period 60.00
City Chicago State IL Zip Code 60601	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Senior Management	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. STEVAN D GARCIA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312915896
Mailing Address 5901 Lincoln Drive MN012-N110		Amount of Each Receipt this Period 57.69
City Edina State OH Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Data Systems	Aggregate Year-to-Date 461.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	162.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 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

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

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

Mailing Address 2000 West Loop South Suite #600/70
TX035-1000

City State Zip Code
Houston TX 77027

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

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

Transaction ID: PR1596313215896

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 2700 Midwest Drive
WI010-1000

City State Zip Code
Onalaska WI 54650

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

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

Transaction ID: PR1596313615896

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 13655 Riverport Drive
MO050-1000

City State Zip Code
Maryland Heights MO 63043

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

Name of Employer UnitedHealth Group, Inc. Occupation Information Networking

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

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

Transaction ID: PR1596313715896

Amount of Each Receipt this Period
36.00

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

SUBTOTAL of Receipts This Page (optional)	266.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 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. Full Name (Last, First, Middle Initial) NANETTE R KARTSONIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596314615896
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 60.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) EDWARD LAGERSTROM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596315015896
Mailing Address 9900 Bren Road East MN008-T430		Amount of Each Receipt this Period 115.38
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Aggregate Year-to-Date 923.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) JEANNE E LUKAS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596315315896
Mailing Address 9900 Bren Road East		Amount of Each Receipt this Period 115.38
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Marketing	Aggregate Year-to-Date 276.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	290.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 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. THOMAS CHARLES REKART		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596316715896
Mailing Address 12125 Technology Drive MN002-0100		Amount of Each Receipt this Period 57.69
City Eden Prairie State MD Zip Code 55344	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 461.52		

Full Name (Last, First, Middle Initial) B. JOHN H RENNICK JR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596316815896
Mailing Address 6230 Rairview Rd #315 NC015-1000		Amount of Each Receipt this Period 57.69
City Charlotte State NC Zip Code 28210-3253	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Doctor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 461.52		

Full Name (Last, First, Middle Initial) C. JAMISON RICE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596316915896
Mailing Address 5901 Lincoln Drive MN012-S200'		Amount of Each Receipt this Period 34.62
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 276.96		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 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. STEPHAN S RODGERS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5901 Lincoln Drive MN012-S200		Transaction ID: PR1596317115896
City Edina State NY Zip Code 55436	Amount of Each Receipt this Period _____ 346.14	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ _____ 2769.12	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANIEL I ROSENTHAL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 13621 NW 12Th St FL075-1000		Transaction ID: PR1596317315896
City Sunrise State FL Zip Code 33323	Amount of Each Receipt this Period _____ 57.69	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ _____ 461.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KEVIN J RUTH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 80 King Farm Blvd Ste 600 MD051-1000		Transaction ID: PR1596317415896
City Rockville State MD Zip Code 20850	Amount of Each Receipt this Period _____ 225.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ _____ 1800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 628.83
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:	PAGE 53 / 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"/>	<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. MANUEL A SELVA		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 13621 NW 12th St. FL075-1000		Transaction ID: PR1596317715896
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) B. JUAN R SERRANO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5800 Granite Parkway Ste 900 TX033-1000		Transaction ID: PR1596317815896
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. DAVID C STURKEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 107 Westpark Blvd Ste 110 SC020-1000		Transaction ID: PR1596318415896
City Columbia	State NC	Zip Code 29210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	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 ▼ 923.04	

SUBTOTAL of Receipts This Page (optional)	230.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 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)

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

Mailing Address 9900 Bren Road East
MN008-T615

City State Zip Code
Minnetoka MN 55343

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UnitedHealth Group, Inc. Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

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

Transaction ID: PR1596318915896

Amount of Each Receipt this Period
34.62

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

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

Mailing Address 9900 Bren Road East
MN008-T390

City State Zip Code
Minnetonka MN 55343

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UnitedHealth Group, Inc. Tax Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR1596319115896

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
ROSEMARY VENUTO

Mailing Address 1900 E Golf Road #200/300
IL035-0300

City State Zip Code
Schaumburg IL 60173

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UnitedHealth Group, Inc. Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

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

Transaction ID: PR1596319315896

Amount of Each Receipt this Period
57.69

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 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. Full Name (Last, First, Middle Initial)
FRANK M VIERLING

Mailing Address 2700 Midwest Drive
WI010-1000

City Onalaska State WI Zip Code 54650

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR1596319415896

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 450 Columbus Blvd
CT030-12NB

City Hartford State CT Zip Code 06103

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

Name of Employer UnitedHealth Group, Inc. Occupation Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

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

Transaction ID: PR1596319515896

Amount of Each Receipt this Period
57.69

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

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

Mailing Address 5901 Lincoln Drive
MN012-N123

City Edina State MN Zip Code 55436

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

Name of Employer UnitedHealth Group, Inc. Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR1596319615896

Amount of Each Receipt this Period
37.50

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

SUBTOTAL of Receipts This Page (optional) ► 125.19

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 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 R WILSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320015896
Mailing Address 450 Columbus Blvd CT028-09SB		Amount of Each Receipt this Period 30.00
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Underwriting	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

Full Name (Last, First, Middle Initial) B. JANET P WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320115896
Mailing Address 9200 Worthington Road OH020-3010		Amount of Each Receipt this Period 30.00
City State Zip Code Westerville OH 43082	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

Full Name (Last, First, Middle Initial) C. EDWARD J WHEELER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1600594415896
Mailing Address 64 Warner Road OH910-1000		Amount of Each Receipt this Period 120.00
City State Zip Code Hubbard OH 44425	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Mktg & Strategic Performance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 960.00	

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 / 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. Full Name (Last, First, Middle Initial)
STEVE L BROECKERT

Mailing Address 2700 MIDWEST DRIVE
WI010-1000

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
UnitedHealth Group, Inc. Securities

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.96

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

Transaction ID: PR1600597215896

Amount of Each Receipt this Period
34.62

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

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

Mailing Address 131 MORRISTOWN ROAD
NJ006-1200

City State Zip Code
BASKING RIDGE NJ 07920

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

Name of Employer Occupation
UnitedHealth Group, Inc. Information Systems

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

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

Transaction ID: PR1600597315896

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 9009 CORPORATE LAKE DRIVE
FL021-0540

City State Zip Code
TAMPA FL 33634

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

Name of Employer Occupation
UnitedHealth Group, Inc. Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 923.04

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

Transaction ID: PR1600597415896

Amount of Each Receipt this Period
115.38

P/R Deduction (\$38.46 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 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

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

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

Full Name (Last, First, Middle Initial) A. MICHAEL ILE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5901 LINCOLN DRIVE MN012-S200		Transaction ID: PR1600597615896	
City EDINA	State MN	Zip Code 55436	Amount of Each Receipt this Period _____ 57.69
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group, Inc.	Occupation Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. THOMAS J O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 660 OAKMONT LANE #200 IL036-1000		Transaction ID: PR1600597815896	
City WESTMONT	State FL	Zip Code 60559	Amount of Each Receipt this Period _____ 115.38
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group, Inc.	Occupation Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 923.04	P/R Deduction (\$38.46 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. STEPHEN B GREENBERG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1925 ISAAC NEWTON SQ STE 300 VA019-1000		Transaction ID: PR1600598415896	
City RESTON	State VA	Zip Code 20191	Amount of Each Receipt this Period _____ 57.69
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedHealth Group, Inc.	Occupation Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	P/R Deduction (\$19.23 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 230.76
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

Mailing Address 12125 TECHNOLOGY DRIVE
MN002-0245

City State Zip Code
EDEN PRAIRIE MN 55344

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

Name of Employer Occupation
UnitedHealth Group, Inc. Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.96

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

Transaction ID: PR1600598515896

Amount of Each Receipt this Period
34.62

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

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

Mailing Address 5901 LINCOLN DRIVE
MN012-N205

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Doctor

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

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

Transaction ID: PR1600598715896

Amount of Each Receipt this Period
195.00

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

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

Mailing Address 9900 Bren Road East
MN008-T500

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Occupation
UnitedHealth Group, Inc. Information Systems

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 461.52

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

Transaction ID: PR1602667515896

Amount of Each Receipt this Period
57.69

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

SUBTOTAL of Receipts This Page (optional)	287.31
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 / 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. MATTHEW W PETERSON		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 5901 Lincoln Drive MN012-S286		Transaction ID: PR1602669915896 Amount of Each Receipt this Period <input type="text"/> 120.00
City Edina State MN Zip Code 55436		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Human Resources	Aggregate Year-to-Date <input type="text"/> 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. JEFF W MALONEY		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9900 Bren Road East MN008-W130		Transaction ID: PR1613243515896 Amount of Each Receipt this Period <input type="text"/> 230.76
City Minnetonka State MN Zip Code 55343		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date <input type="text"/> 1846.08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. LAURA M BRANKER		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 8045 Leesburg Pike VA026-1000		Transaction ID: PR1613243615896 Amount of Each Receipt this Period <input type="text"/> 86.55
City Vienna State VA Zip Code 22182		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Public Relations	Aggregate Year-to-Date <input type="text"/> 692.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 437.31
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 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. ALLEN LAWRENCE FINKELSTEIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2 Gateway Center NJ040-1000		Transaction ID: PR1620989015896
City State Zip Code Newark NY 07102	Amount of Each Receipt this Period _____ 115.38	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 923.04	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. LINDA L CULLEN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9200 Worthington Road OH020-3010		Transaction ID: PR1632359715896
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DANIEL S WALLER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W385		Transaction ID: PR1632360015896
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 86.55	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 692.40	P/R Deduction (\$28.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 231.93
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 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. TERRY E BERETT		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6150 TRENTON LN N MN013-N300		Transaction ID: PR1653442815896		
City PLYMOUTH State MN Zip Code 55442	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 240.00		
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WILLIAM F KENNEDY		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 450 Columbus Blvd CT028-07SA		Transaction ID: PR1653443115896		
City Hartford State CT Zip Code 06103	Amount of Each Receipt this Period _____ 46.17		P/R Deduction (\$15.39 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 369.36		
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. STEVE R KOOREN		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6150 Trenton Lane N MN013-N400		Transaction ID: PR1653443215896		
City Plymouth State MN Zip Code 55442	Amount of Each Receipt this Period _____ 173.07		P/R Deduction (\$57.69 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 1384.56		
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 249.24
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 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)

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

Mailing Address 6150 TRENTON LN N
MN013-N400

City State Zip Code
PLYMOUTH MN 55442

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

Name of Employer Occupation
UnitedHealth Group, Inc. Accounting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 276.96

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

Transaction ID: PR1653444415896

Amount of Each Receipt this Period
34.62

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

B. Full Name (Last, First, Middle Initial)
ROBERT L HOLMAN

Mailing Address PO Box 9472
WI910-1000

City State Zip Code
Minneapolis WI 55440-9472

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

Name of Employer Occupation
UnitedHealth Group, Inc. Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

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

Transaction ID: PR16534445015896

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
ANTHONY D OLSON

Mailing Address 5901 Lincoln Drive
MN012-S210

City State Zip Code
Edina MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Information Technology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.00

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

Transaction ID: PR16534445315896

Amount of Each Receipt this Period
36.00

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

SUBTOTAL of Receipts This Page (optional)

100.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (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	PAGE 64 / 97
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. BRIAN G SEVIGNY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6150 Trenton Ln N MN013-N300		Transaction ID: PR1653445715896
City Plymouth State MN Zip Code 55442	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANIEL T SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-07NB		Transaction ID: PR1653445815896
City Hartford State CT Zip Code 06103	Amount of Each Receipt this Period 34.62	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date 276.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FEATHER O HOUSTOUN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address The Wannamker Building 100 Penn Sq PA040-1000		Transaction ID: PR1653446115896
City Philadelphia State PA Zip Code 19107	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	194.62
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 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. JOYCE A LARKIN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9900 Bren Road East MN008-T500		Transaction ID: PR1677771615896	
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 230.76		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1846.08		P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOHN T KOUTSOUMPAS JR		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 701 Pennsylvania Ave NW Suite 530 DC030-1000		Transaction ID: PR1748514515896	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period _____ 153.84		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 961.50		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LEE R SHAPIRO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 800 King Farm Blvd, STE 600 MD051-1000		Transaction ID: PR1775550915896	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period _____ 86.55		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation HealthCare Provider		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 692.40		P/R Deduction (\$28.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 471.15
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 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"/>	<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. DOROTHY CALLAWAY CAHAK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806440915896
Mailing Address STE M/N 10200 Old Columbia Road MD058-0300		Amount of Each Receipt this Period 20.00
City Columbia State MD Zip Code 21046	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Marketing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) B. ANN DESTWOLINSKI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806441615896
Mailing Address 10 Taft Court MD063-1150		Amount of Each Receipt this Period 33.00
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Medical	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 264.00		

Full Name (Last, First, Middle Initial) C. JASON DUDASH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806441915896
Mailing Address 800 Oak Street MD059-7000		Amount of Each Receipt this Period 30.00
City Frederick State MD Zip Code 21703	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Programmer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	83.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 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)

Full Name (Last, First, Middle Initial) A. DEBORAH A GOUGH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10 Taft Court MD063-6000		Transaction ID: PR1806442115896
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period _____ 56.70	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$18.90 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 453.60	

Full Name (Last, First, Middle Initial) B. GARY W HONEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 21515 Ridgetop Cir #330 VA004-1000		Transaction ID: PR1806442315896
City State Zip Code Sterling VA 20166	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) C. DIANA KERNER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address STE M/N 10200 Old Columbia Road MD058-0400		Transaction ID: PR1806442715896
City State Zip Code Columbia MD 21046	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 116.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 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. Full Name (Last, First, Middle Initial) KARL H KRAMER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443015896
Mailing Address 800 Oak Street MD059-7000		Amount of Each Receipt this Period 30.00
City State Zip Code Frederick MD 21703	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

B. Full Name (Last, First, Middle Initial) JEFF L LEVINE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443215896
Mailing Address 6095 Marshalee Dr Ste 200 MD032-1000		Amount of Each Receipt this Period 60.00
City State Zip Code Elkridge MD 21075	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00	

C. Full Name (Last, First, Middle Initial) JOAN I MCLEOD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443715896
Mailing Address 800 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 30.00
City State Zip Code Rockville MD 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM TALAMANTES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806444715896
Mailing Address Ste M/N, 10200 Old Columbia RD MD058-1000		Amount of Each Receipt this Period 52.80
City Columbia State MD Zip Code 21046	FEC ID number of contributing federal political committee. C	P/R Deduction (\$17.60 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Management	Aggregate Year-to-Date ▼ 422.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRIAN THADEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806444815896
Mailing Address 800 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 30.00
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Legal	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LORI A ARCHER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806750115896
Mailing Address 5975 Castlecreek Pkwy IN040-1000		Amount of Each Receipt this Period 34.62
City Indianapolis State IN Zip Code 46250	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Sales	Aggregate Year-to-Date ▼ 276.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	117.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 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. Full Name (Last, First, Middle Initial)
GREGORY A BAYER

Mailing Address 425 Market St FL 12/13/27
CA035-2700

City San Francisco State CA Zip Code 94105

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

Name of Employer UnitedHealth Group, Inc. Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

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

Transaction ID: PR1806750215896

Amount of Each Receipt this Period
180.00

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

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

Mailing Address 6300 Olson Memorial Hw
MN010-E1133

City Golden Valley State MN Zip Code 55427

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

Name of Employer UnitedHealth Group, Inc. Occupation Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

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

Transaction ID: PR1806750315896

Amount of Each Receipt this Period
57.69

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

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

Mailing Address Suite 530, 701 Pennsylvania Ave NW
DC030-1000

City Washington State DC Zip Code 20004

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

Name of Employer UnitedHealth Group, Inc. Occupation Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

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

Transaction ID: PR1817581115896

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional)	353.07
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 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

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

A. Full Name (Last, First, Middle Initial) MICHELLE D LEDELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1882850615896	
Mailing Address 9900 Bren Road East MN008-T615		Amount of Each Receipt this Period 120.00	
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903550715896	
Mailing Address 701 Pennsylvania Avenue, NW #530 DC030-1000		Amount of Each Receipt this Period 75.00	
City State Zip Code Washington MD 20004	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903560815896	
Mailing Address 450 Columbus Blvd CT030-06NB		Amount of Each Receipt this Period 60.00	
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc.	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	255.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 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. SUSAN A CASEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903567815896
Mailing Address 9900 Bren Road East MN008-T615		Amount of Each Receipt this Period 34.62
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Legal	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.34	

Full Name (Last, First, Middle Initial) B. ROBERT J DUFEK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903577115896
Mailing Address 12755 Highway 55		Amount of Each Receipt this Period 75.00
City State Zip Code Plymouth MN 55441	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems Management	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 525.00	

Full Name (Last, First, Middle Initial) C. SUSAN B EDBERG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903578115896
Mailing Address 9900 Bren Raod East MN008-T615		Amount of Each Receipt this Period 300.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Customer Service	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	409.62
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 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. DOROTHY S HINSHAW		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903586815896
Mailing Address 3803 North Elm Street		Amount of Each Receipt this Period 30.00
City Greensboro State NC Zip Code 27455	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Claims Processing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER T JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903591115896
Mailing Address 9900 Bren Road East		Amount of Each Receipt this Period 30.00
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Customer Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. DONALD D LEON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903598515896
Mailing Address 450 Columbus blvd		Amount of Each Receipt this Period 30.00
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 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. Full Name (Last, First, Middle Initial) HYONG JIN PARK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903611415896
Mailing Address 450 Columbus Blvd CT030-07SA		Amount of Each Receipt this Period 60.00
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 420.00	

B. Full Name (Last, First, Middle Initial) JOHN C SANTELLI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903622015896
Mailing Address 9900 Bren Road East MN008-T615		Amount of Each Receipt this Period 34.62
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.34	

C. Full Name (Last, First, Middle Initial) THOMAS L TRAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903633215896
Mailing Address 450 Columbus Blvd CT030-15NB		Amount of Each Receipt this Period 120.00
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 840.00	

SUBTOTAL of Receipts This Page (optional) ▶	214.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 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

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

A. Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903636915896	
Mailing Address 450 Columbus Blvd CT030-06NB		Amount of Each Receipt this Period 57.69	
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 403.83		P/R Deduction (\$19.23 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) DELBERT D MASON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907906415896	
Mailing Address 2525 Lake Park Boulevard UT015-0500		Amount of Each Receipt this Period 60.00	
City West Valley City State UT Zip Code 84120	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 400.00		P/R Deduction (\$20.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) PAMELA JAMIAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1910417415896	
Mailing Address 2080 East 20th Street		Amount of Each Receipt this Period 34.62	
City Chico State CA Zip Code 95928	FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Customer Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 219.26		P/R Deduction (\$11.54 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	152.31
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 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. MARY C ACONIS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 29613		Transaction ID: PR2119466415896	
City San Antonio	State TX	Zip Code 78229	Amount of Each Receipt this Period _____ 90.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Customer Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. JOSEPH E ADDIEGO		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 19 Monte Av		Transaction ID: PR2119466615896	
City Piedmont	State CA	Zip Code 94611-3716	Amount of Each Receipt this Period _____ 288.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 960.00		
		P/R Deduction (\$96.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. GARY J AHWAH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2010 Velez Dr		Transaction ID: PR2119466715896	
City Rancho Palos Verde	State CA	Zip Code 90275-1426	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 528.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 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. RAYNEE D ANDREWS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467115896
Mailing Address 2323 Creekside Bend		Amount of Each Receipt this Period 90.00
City San Antonio	State TX	Zip Code 78259
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. BRENDAN BAKER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467415896
Mailing Address 9183 E. Mountain Springs Road		Amount of Each Receipt this Period 120.00
City Scottsdale	State AZ	Zip Code 85255-9152
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. SUSAN LYNN BERKEL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468115896
Mailing Address 10 Shadow Glen		Amount of Each Receipt this Period 576.00
City Irvine	State CA	Zip Code 92620-0204
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

SUBTOTAL of Receipts This Page (optional) ▶	786.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 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. Full Name (Last, First, Middle Initial) DAVID J BOHMFALK Mailing Address 24 La Solita City Foothill Ranch State CA Zip Code 92610-1736 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468415896 Amount of Each Receipt this Period 150.00
Name of Employer UnitedHealth Group, Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) BRADFORD A BOWLUS Mailing Address 3 Ocean Ridge Dr City Newport Coast State CA Zip Code 92657-1554 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468815896 Amount of Each Receipt this Period 570.00
Name of Employer UnitedHealth Group, Inc. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	P/R Deduction (\$190.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) KATHIE L BRYAN Mailing Address 912 Joshua Place City San Diego State CA Zip Code 92154 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119469415896 Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc. Occupation Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	795.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 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. LESLIE J CARTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119470315896
Mailing Address 19021 Poppy Hill Drive		Amount of Each Receipt this Period 288.00
City State Zip Code Huntington Beach CA 92648-9710	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 960.00	

Full Name (Last, First, Middle Initial) B. HANS O CHRISTENSEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119470615896
Mailing Address 1825 Woodhaven Court		Amount of Each Receipt this Period 75.00
City State Zip Code Luxemburg WI 54217	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation Occupation	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) C. HAROLD COATS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119471015896
Mailing Address 8112 Sapphire Bay Circle		Amount of Each Receipt this Period 150.00
City State Zip Code Las Vegas NV 89128-7718	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Director	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	513.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 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. RANDELL J CORREIA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 1025		Transaction ID: PR2119471315896	
City Rancho Santa Fe	State CA	Zip Code 92067	Amount of Each Receipt this Period _____ 90.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer _____	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. RICHARD A CROSS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11361 Donovan Road		Transaction ID: PR2119471815896	
City Rossmoor	State CA	Zip Code 90720	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Legal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. ANDREA E DILWEG		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2321 Carroll Pk South		Transaction ID: PR2119472915896	
City Long Beach	State CA	Zip Code 90814-2230	Amount of Each Receipt this Period _____ 111.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 370.00		
		P/R Deduction (\$37.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 276.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 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. JOSEPH S DOOLEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2891 Shelter Creek Court		Transaction ID: PR2119473115896	
City State Zip Code Green Bay WI 54313	Amount of Each Receipt this Period _____ 90.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer _____	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. KATHERINE F FEENY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 Sparrowhawk		Transaction ID: PR2119473815896	
City State Zip Code Irvine CA 92604-3225	Amount of Each Receipt this Period _____ 576.90		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1920.90	P/R Deduction (\$192.30 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. BRADLEY M FLUITT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 108 North Rolling Oaks		Transaction ID: PR2119474115896	
City State Zip Code San Antonio TX 78253	Amount of Each Receipt this Period _____ 90.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer _____	Occupation _____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$30.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 756.90
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 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. JOHN F FRITZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 Elliot Lane		Transaction ID: PR2119474615896	
City State Zip Code Coto De Caza CA 92679-5155	Amount of Each Receipt this Period _____ 180.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANGELO GIAMBRONE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18467 Santa Leonora Cir		Transaction ID: PR2119475115896	
City State Zip Code Fountain Valley CA 92708	Amount of Each Receipt this Period _____ 180.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JAIME G GONZALEZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8008 Bridge Street		Transaction ID: PR2119475615896	
City State Zip Code North Richland Hil TX 76180	Amount of Each Receipt this Period _____ 90.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 450.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 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. JOEL GUINN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119476215896
Mailing Address 201 W.Edgewater Terr		Amount of Each Receipt this Period 180.00
City State Zip Code New Braunfels TX 78130	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. DAVID M HANSEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119476715896
Mailing Address 206 Via Sedona		Amount of Each Receipt this Period 405.00
City State Zip Code San Clemente CA 92673	FEC ID number of contributing federal political committee. C	P/R Deduction (\$135.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. BRIDGET C HARPER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119477015896
Mailing Address 2319 Penmar Ave.		Amount of Each Receipt this Period 288.00
City State Zip Code Venice CA 90291	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Marketing	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional) ▶	873.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SAMUEL W HO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4220 Ocean Dr		Transaction ID: PR2119477915896
City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period _____ 300.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)	
Name of Employer Occupation _____ Doctor	Aggregate Year-to-Date ▼ _____ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) B. BRIAN JEFFREY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5471 Catowba Lane		Transaction ID: PR2119479115896
City State Zip Code Irvine CA 92603	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer Occupation _____	Aggregate Year-to-Date ▼ _____ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) C. JOHN D JONES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3562 Redwood		Transaction ID: PR2119479215896
City State Zip Code Irvine CA 92606-2124	Amount of Each Receipt this Period _____ 288.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Aggregate Year-to-Date ▼ _____ 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 663.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 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. KATHLEEN M KANNE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479615896
Mailing Address 43 Barbados		Amount of Each Receipt this Period 90.00
City State Zip Code Aliso Viejo CA 92656	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. SCOTT KEIM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479815896
Mailing Address 15241 Shadow Mountain Ranch Rd		Amount of Each Receipt this Period 78.00
City State Zip Code Larkspur CO 80118	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Aggregate Year-to-Date ▼ 351.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. TIFFANY T L LAM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119480715896
Mailing Address 3321 Alabama Circle		Amount of Each Receipt this Period 75.00
City State Zip Code Costa Mesa CA 92626	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	243.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 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. Full Name (Last, First, Middle Initial)
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 UnitedHealth Group, Inc. Occupation Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: PR2119482515896

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 1195 Lorain Road

City San Marino State CA Zip Code 91108

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

Name of Employer UnitedHealth Group, Inc. Occupation Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

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

Transaction ID: PR2119482615896

Amount of Each Receipt this Period
288.00

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

C. Full Name (Last, First, Middle Initial)
PETER W MCKINLEY

Mailing Address 6212 Oakbrook Circle

City Huntington Beach State CA Zip Code 92648

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

Name of Employer UnitedHealth Group, Inc. Occupation Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: PR2119483715896

Amount of Each Receipt this Period
225.00

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

SUBTOTAL of Receipts This Page (optional)	633.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DEBORAH MCQUADE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119483815896
Mailing Address 11630 NE Jefferson Point Road		Amount of Each Receipt this Period 90.00
City State Zip Code Kingston WA 98346	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. CHARLEEN M MILBURN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119483915896
Mailing Address 3041 San Lorenzo Way		Amount of Each Receipt this Period 195.00
City State Zip Code Carmichael CA 95608	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. GILBERT J MILLER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484015896
Mailing Address 15254 E Peakview Court		Amount of Each Receipt this Period 288.00
City State Zip Code Fountain Hills AZ 85268	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional) ▶	573.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 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

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

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

A. Full Name (Last, First, Middle Initial) NANCY J MONK Mailing Address 12271 Chianti Dr. City State Zip Code Los Alamitos CA 90720 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484315896 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) JAMES F F MORPHEW Mailing Address 23505 Bent Oak Court City State Zip Code Parker CO 80138 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484515896 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) SCOTT A NEURURER Mailing Address 9852 Silvretta Drive City State Zip Code Cypress CA 90630 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484915896 Amount of Each Receipt this Period 144.00 P/R Deduction (\$48.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional)	369.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 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. PAMELA J PAQUE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1298 Washington		Transaction ID: PR2119485515896	
City State Zip Code Wrightstown WI 54180	Amount of Each Receipt this Period _____ 96.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Customer Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. LYNDA A A PAXSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3924 E. Garnet Pl.		Transaction ID: PR2119485815896	
City State Zip Code Highlands Ranch CO 80126	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. AUSTIN T PITTMAN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3109 Spur Trail		Transaction ID: PR2119486715896	
City State Zip Code Dallas NC 75234	Amount of Each Receipt this Period _____ 405.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1350.00		P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 576.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 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. CYNTHIA L POLICH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3401 E Via Palomita		Transaction ID: PR2119486815896	
City Tucson	State AZ	Zip Code 85718	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 636.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. JAMES E PROCHNOW		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1090 Coprinus Court		Transaction ID: PR2119487215896	
City Green Bay	State WI	Zip Code 54313	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. GREGG R RATKOVIC		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 603 Corte Calmo		Transaction ID: PR2119487515896	
City San Clemente	State CA	Zip Code 92673	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 525.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 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. GREGORY W SCOTT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119489715896
Mailing Address 24 Inverness Lane		Amount of Each Receipt this Period 90.00
City State Zip Code Newport Beach CA 92660	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) B. CHRISTINA M SUMPTER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119490915896
Mailing Address 2009 Kornat Dr		Amount of Each Receipt this Period 146.00
City State Zip Code Costa Mesa CA 92626-3531	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Informaiton Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 818.00	

Full Name (Last, First, Middle Initial) C. CHERYL TANIGAWA, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491115896
Mailing Address 5598 Naples Canal		Amount of Each Receipt this Period 150.00
City State Zip Code Long Beach CA 90803-4018	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Doctor	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	386.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 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. Full Name (Last, First, Middle Initial) GLENN TERWILLIGER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491315896
Mailing Address 29628 Woodbrook Dr.		Amount of Each Receipt this Period 405.00
City Agoura Hills State CA Zip Code 91301-4413		
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Insurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	P/R Deduction (\$135.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) PATTI TUCKER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491915896
Mailing Address 16815 Wanderly Lane		Amount of Each Receipt this Period 288.00
City Huntington Beach State CA Zip Code 92649-6026		
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$96.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) STEVEN M TUCKER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119492015896
Mailing Address 2422 N. Eaton Ct.		Amount of Each Receipt this Period 288.00
City Orange State CA Zip Code 92867-6494		
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealth Group, Inc. Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	981.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 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. SUSAN VANASTEN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119492615896
Mailing Address W313 Golden Glow Road		Amount of Each Receipt this Period 120.00
City State Zip Code Kaukauna WI 54130-7809	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Medical	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SCOTT B WESTPHAL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119493215896
Mailing Address 4536 Rocky Run Lane		Amount of Each Receipt this Period 90.00
City State Zip Code Oconto WI 54153	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation Occupation	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GREGORY WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119494115896
Mailing Address 13901 Mauve Drive		Amount of Each Receipt this Period 75.00
City State Zip Code Santa Ana CA 92705	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation Occupation	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	285.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 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. THOMAS G ZIELINSKI		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1935 E Telemark Circle		Transaction ID: PR2119494615896
City State Zip Code Green Bay WI 54313-4335	Amount of Each Receipt this Period _____ 135.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	

Full Name (Last, First, Middle Initial) B. SUSAN C MORISATO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East		Transaction ID: PR2133133815896
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 450.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	585.00
TOTAL This Period (last page this line number only) ▶	38731.17

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Weldon Victory Committee		Transaction ID: 25096520 Date of Disbursement 10 / 20 / 2006
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period -500.00
City Media State PA Zip Code 19063	Purpose of Disbursement Void - Weldon Victory Committee Candidate Name Rep. Curt Weldon Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Weldon Victory Committee

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress		Transaction ID: 24926526 Date of Disbursement 10 / 31 / 2006
Mailing Address 101 N. Elm, Suite 201-D		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76201	Purpose of Disbursement Re-election to US House of Reps Candidate Name Mr. Michael Burgess Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US House of Reps

Full Name (Last, First, Middle Initial) C. Republican Party of Wisconsin - FEDERAL		Transaction ID: 24945546 Date of Disbursement 11 / 03 / 2006
Mailing Address 148 E. Johnson Street		Amount of Each Disbursement this Period 5000.00
City Madison State WI Zip Code 53703	Purpose of Disbursement Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 97 / 97

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

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

<p>A. Friends of Chris Dodd</p> <p>Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <p>Mailing Address 901-15th St. N.W.</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Re-election to US Senate</p> <p>Candidate Name Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24961190 Date of Disbursement 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Senate</p>
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<p>B. Texans for Henry Bonilla</p> <p>Full Name (Last, First, Middle Initial) Texans for Henry Bonilla</p> <p>Mailing Address P.O. Box 690663</p> <p>City San Antonio State TX Zip Code 78269-0663</p> <p>Purpose of Disbursement</p> <p>Candidate Name Henry Bonilla</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p>		<p>Transaction ID: 25029367 Date of Disbursement 11 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
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<p>C. Citizens For Altmire</p> <p>Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement 2006</p>		<p>Transaction ID: 25029364 Date of Disbursement 11 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
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SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	8500.00