

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 _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Eric Rangen
Signature of Treasurer Electronically Filed by Eric Rangen Date 07 10 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		243715.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	270805.59									
(c) Total Receipts (from Line 19)	291460.76	423550.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	562266.35	667266.35								
7. Total Disbursements (from Line 31)	135600.00	240600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	426666.35	426666.35								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	99551.31	193649.19
(i) Itemized (use Schedule A)	14944.78	44864.53
(ii) Unitemized	114496.09	238513.72
(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)	114496.09	238513.72
12. Transfers From Affiliated/Other Party Committees	163964.67	163964.67
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	13000.00	13000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	8072.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	291460.76	423550.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	291460.76	423550.59

DETAILED SUMMARY PAGE
of Disbursements

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.....	104300.00	197300.00
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.....	31300.00	43300.00
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))..	135600.00	240600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	135600.00	240600.00

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)	114496.09	238513.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114496.09	238513.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 111
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Montana Democratic Party

Mailing Address PO Box 802

City State Zip Code
Helena MT 59624

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 07 / 2008
Transaction ID: 27994349
Amount of Each Receipt this Period: 3000.00
Contribution Refund

B. Full Name (Last, First, Middle Initial)
Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City State Zip Code
Rochester NY 14615

FEC ID number of contributing federal political committee. **C** C00336065

Name of Employer Occupation

Receipt For: 2008 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 14 / 2008
Transaction ID: 27994361
Amount of Each Receipt this Period: 5000.00
Refund of Primary election contributions

C. Full Name (Last, First, Middle Initial)
Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City State Zip Code
Rochester NY 14615

FEC ID number of contributing federal political committee. **C** C00336065

Name of Employer Occupation

Receipt For: 2008 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 04 / 14 / 2008
Transaction ID: 27994371
Amount of Each Receipt this Period: 5000.00
Refund of General election contributions

SUBTOTAL of Receipts This Page (optional) ► 13000.00

TOTAL This Period (last page this line number only) ► 13000.00

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

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

FOR LINE NUMBER: PAGE 7 / 111
(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)
FISERV Health Inc. PAC

Mailing Address 5500 Wayzata Blvd

City State Zip Code
Minneapolis MN 55416

FEC ID number of contributing federal political committee. **C** C00399949

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 18564.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 28018736
Amount of Each Receipt this Period: 18564.00
Closing of FISERV Health Inc. PAC Bank account

B. Full Name (Last, First, Middle Initial)
Sierra Health Services Political Action-Committee

Mailing Address PO Box 15645

City State Zip Code
Las Vegas NV 89114

FEC ID number of contributing federal political committee. **C** C00295360

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 145400.67

Date of Receipt: 06 / 17 / 2008
Transaction ID: 28153645
Amount of Each Receipt this Period: 145400.67
Transfer of Funds from Sierra PAC to UHG PAC

SUBTOTAL of Receipts This Page (optional) ► 163964.67

TOTAL This Period (last page this line number only) ► 163964.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 111	
	(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) KEN L HOVERMAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 16221 SIERRA DE AVILA		Transaction ID: PR1159790919605		
	City TAMPA	State FL	Zip Code 33613	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Regional Marketing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00				

B.	Full Name (Last, First, Middle Initial) ROBERT J SHEEHY		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 5805 MAIT LN		Transaction ID: PR1159794019605		
	City EDINA	State MN	Zip Code 55436	Amount of Each Receipt this Period 1330.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$190.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP UnitedHealth Group			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2660.00				

C.	Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 11 CARNIVAL TERRACE		Transaction ID: PR1159794619605		
	City WEST WARWWICK	State RI	Zip Code 02893	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00				

SUBTOTAL of Receipts This Page (optional)	1680.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 111
(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)

<p>A. Full Name (Last, First, Middle Initial) MICHAEL J KOEHLER</p> <p>Mailing Address 9511 OAKLAND LAKE WAY</p> <p>City State Zip Code MISSOURI CITY TX 77459</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: KA VP Sales and Account Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 560.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: PR1159795319605</p> <p>Amount of Each Receipt this Period 280.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) CARLA M MUGGIO</p> <p>Mailing Address 3533 FAIR OAKS LANE</p> <p>City State Zip Code LONGBOAT KEY FL 34228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Dvlpmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 269.22</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: PR1159798219605</p> <p>Amount of Each Receipt this Period 134.61</p> <p>P/R Deduction (\$19.23 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) BRIAN R BELLOWS</p> <p>Mailing Address 10 SHADOWOOD LANE</p> <p>City State Zip Code TRUMBULL CT 06611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Sales - Uniprise</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: PR1159803819605</p> <p>Amount of Each Receipt this Period 105.00</p> <p>P/R Deduction (\$15.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	519.61
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 111
(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)
KEITH W NOBLITT

Mailing Address 984 FAIRVIEW CLUB CIRCLE

City DACULA State GA Zip Code 30019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159805519605
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 6520 SHENANDOAH DR

City LINCOLN State NE Zip Code 68510

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159806019605
 Amount of Each Receipt this Period 134.61
 P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KENNETH A BURDICK

Mailing Address 8281 EL MARO CIR

City PARADISE VALLEY State AZ Zip Code 85253

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159808919605
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 554.61

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 111

(check only one)

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

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

A.

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

Mailing Address 2657 WOODBRIDGE RD

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.20

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159812619605

Amount of Each Receipt this Period

1346.10

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

B.

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

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
United HealthGroup President Insurance Solutions

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159812819605

Amount of Each Receipt this Period

269.22

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

C.

Full Name (Last, First, Middle Initial)
THOMAS H LINDQUIST

Mailing Address 9107 SUNNYVALE DR

City State Zip Code
CHANHASSEN MN 55317

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2153.76

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159814119605

Amount of Each Receipt this Period

1076.88

P/R Deduction (\$153.84 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2692.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 111

(check only one)

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

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

A.

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

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP & Gr Pres Ind & Empl Mkts

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159814719605

Amount of Each Receipt this Period
1346.10

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

B.

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

Mailing Address 2407 LAKE PLACE

City State Zip Code
MINNEAPOLIS MN 55405

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159815919605

Amount of Each Receipt this Period
1346.10

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

C.

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

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159816419605

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional)

3392.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 111
(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)
WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP UHG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159816619605

Amount of Each Receipt this Period 700.00

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

B.

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

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159816919605

Amount of Each Receipt this Period 700.00

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

C.

Full Name (Last, First, Middle Initial)
SERAFIN F SANDELLA

Mailing Address 127 MEDINAH DRIVE

City BLUE BELL State PA Zip Code 19422

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

Name of Employer United HealthGroup, Inc. Occupation Director Govt Affairs & Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159817219605

Amount of Each Receipt this Period 100.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAUL D KALLMEYER
Mailing Address 468 HERALD DR
City AMBLER State PA Zip Code 19002
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthGroup Occupation Assoc General Counsel
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159817419605
Amount of Each Receipt this Period 245.00
P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SHEILA E MCMILLAN
Mailing Address 4174 LAKERIDGE RD
City EXCELSIOR State MN Zip Code 55331
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation President Secure Horizons
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159817519605
Amount of Each Receipt this Period 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN R MACH JR
Mailing Address 7431 SHANNON DRIVE
City EDINA State MN Zip Code 55439
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation President EverCare
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2338.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159817619605
Amount of Each Receipt this Period 1169.00
P/R Deduction (\$167.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2760.10
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 111
(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)
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group Occupation Business Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159817919605

Amount of Each Receipt this Period 133.00

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

B.

Full Name (Last, First, Middle Initial)
MARK F LINDSAY

Mailing Address 345 SPRING HILL ROAD

City WAYZATA State MN Zip Code 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Bus Dvlpmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159818619605

Amount of Each Receipt this Period 1346.10

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

C.

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

Mailing Address 5769 CEDAR GROVE CR

City PLANO State TX Zip Code 75093

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

Name of Employer UnitedHealth Group Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1159819119605

Amount of Each Receipt this Period 269.22

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

SUBTOTAL of Receipts This Page (optional) ► 1748.32

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 111
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
AMY K KNAPP

Mailing Address 3471 MAIN HIGHWAY #1033

City State Zip Code
COCONUT GROVE FL 33133

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

Name of Employer UnitedHealth Group Occupation President Key Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: PR1159819319605

Amount of Each Receipt this Period 807.66

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

B.

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

Mailing Address 2233 WYNDANCE WAY

City State Zip Code
NORTHBROOK IL 60062

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

Name of Employer UnitedHealth Group Occupation SVP Relationship & Bus Dvlpmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: PR1159819519605

Amount of Each Receipt this Period 538.44

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

C.

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

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt M M / D D / Y Y Y Y Y
06 / 30 / 2008

Transaction ID: PR1159819819605

Amount of Each Receipt this Period 807.66

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

SUBTOTAL of Receipts This Page (optional) ► **2153.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 111
(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)
DEBRA A OBERMAN

Mailing Address 4212 ALDEN DR

City State Zip Code
EDINA MN 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1159820719605
Amount of Each Receipt this Period: 134.61
P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
WILLIAM D YOUNG

Mailing Address 3032 TEMPLE TRAIL

City State Zip Code
WINTER PARK FL 32789

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.30

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1159821319605
Amount of Each Receipt this Period: 269.15
P/R Deduction (\$38.45 Bi-Weekly)

C.

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

Mailing Address 13016 CANTERBURY

City State Zip Code
LEAWOOD KS 66209

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1159821519605
Amount of Each Receipt this Period: 403.90
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **807.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAROL M SCHNEEWEIS		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 16907 49TH PLACE N		Transaction ID: PR1159823519605
	City PLYMOUTH	State MN	Zip Code 55446
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

B.	Full Name (Last, First, Middle Initial) ELISE A GEMEINHARDT		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 2711 LORCOM LANE		Transaction ID: PR1159824919605
	City ARLINGTON	State VA	Zip Code 22207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Public/Gov't Affairs	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 ▼ 1076.88		

C.	Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1655 FOX STREET		Transaction ID: PR1159827419605
	City WAYZATA	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Bus Initiatives & Clin Aff	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 ▼ 1076.88		

SUBTOTAL of Receipts This Page (optional)

1286.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 111
(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)
JEANNINE M RIVET
Mailing Address 4305 TRILLIUM WAY
City State Zip Code
MINNETRISTA MN 55364
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. EVP UHG
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.20
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159830019605
Amount of Each Receipt this Period 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JACK E SHUFF
Mailing Address 6385 SPINNAKER LANE
City State Zip Code
ALPHARETTA GA 30005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. SB VP Sales and Account Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159830519605
Amount of Each Receipt this Period 134.61
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JILL WINTERS
Mailing Address 16 SPOEDE LN
City State Zip Code
SAINT LOUIS MO 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 756.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1159840419605
Amount of Each Receipt this Period 378.00
P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1858.71
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 86 WESTBOURNE TERRACE

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1159841219605

Amount of Each Receipt this Period
378.00

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

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

Mailing Address 919 SAIGON ROAD

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP UHG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1332013219605

Amount of Each Receipt this Period
1346.10

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

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

Mailing Address 1 WILLIAMSON LANE

City State Zip Code
LAMBERTVILLE NJ 08530

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1530190519605

Amount of Each Receipt this Period
269.22

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

SUBTOTAL of Receipts This Page (optional) ► **1993.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 111
(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)
LESLIE GIDDENS ROBINSON

Mailing Address 1004 WOODSIDE PARKWAY

City State Zip Code
SILVER SPRING MD 20910

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Medical Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1530798319605
 Amount of Each Receipt this Period: 115.38
 P/R Deduction (\$115.38 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DEBORAH MATES CHASKES

Mailing Address 2704 CORTLAND PLACE NW

City State Zip Code
WASHINGTON DC 20008

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1530798519605
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
THELMA DUGGIN

Mailing Address 7214 EVANS MILL ROAD

City State Zip Code
MCLEAN VA 22101

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regl President AmeriChoice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.18

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1530799219605
 Amount of Each Receipt this Period: 1346.17
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1561.55**

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

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

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

FOR LINE NUMBER: PAGE 22 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT J BOHNENKAMP

Mailing Address 4925 WOODS COURT

City State Zip Code
GREENWOOD MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551005619605
Amount of Each Receipt this Period: 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City State Zip Code
LOMBARD IL 60148

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551005719605
Amount of Each Receipt this Period: 140.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551122519605
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1766.10

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 111
(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)
JAMES THOMAS JARRATT

Mailing Address 1605 CATALINA BAY CT

City State Zip Code
GRANBURY TX 76048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551132119605
 Amount of Each Receipt this Period: 192.30
 P/R Deduction (\$38.46 Weekly)

B.

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

Mailing Address 52 CRESTWOOD LANE

City State Zip Code
FARMINGVILLE NY 11738

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551132319605
 Amount of Each Receipt this Period: 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 520 KIMBERLY LN N

City State Zip Code
PLYMOUTH MN 55447

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551132519605
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **601.52**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 111
(check only one)

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

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

A.

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

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551133419605
 Amount of Each Receipt this Period: 134.61
 P/R Deduction (\$19.23 Bi-Weekly)

B.

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

Mailing Address 1314 MARQUETTE AVENUE
APARTMENT 3105

City MINNEAPOLIS State MN Zip Code 55403

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551160319605
 Amount of Each Receipt this Period: 134.61
 P/R Deduction (\$19.23 Bi-Weekly)

C.

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

Mailing Address 2820 DEER RUN TRAIL

City LONG LAKE State MN Zip Code 55356

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551161319605
 Amount of Each Receipt this Period: 538.44
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **807.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 111
(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)
LOIS T WEIHRAUCH

Mailing Address 8045 CHEYENNE AV

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1551161419605
Amount of Each Receipt this Period: 378.00
P/R Deduction (\$54.00 Bi-Weekly)

B.

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

Mailing Address 31 ANDREIS TRAIL

City State Zip Code
SOUTH WINDSOR CT 06074

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1554323519605
Amount of Each Receipt this Period: 385.00
P/R Deduction (\$55.00 Bi-Weekly)

C.

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

Mailing Address 5570 WOODSIDE LANE

City State Zip Code
SHOREWOOD MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1554323919605
Amount of Each Receipt this Period: 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2109.10

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 111
(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)
MICHAEL RADU

Mailing Address 42820 VIOLA CT

City State Zip Code
LEESBURG VA 20176

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1554324519605

Amount of Each Receipt this Period
134.61

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

B.

Full Name (Last, First, Middle Initial)
CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City State Zip Code
MISSOURI CITY TX 77459

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Claims

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1554324619605

Amount of Each Receipt this Period
134.61

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

C.

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

Mailing Address 3840 INGLEWOOD AVE S

City State Zip Code
SAINT LOUIS PARK MN 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1554324719605

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ► **619.22**

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

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

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

FOR LINE NUMBER: PAGE 27 / 111
(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)
KENNETH J FASOLA

Mailing Address 1000 WILDHURST TRAIL

City MOUND State MN Zip Code 55364

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1557899819605

Amount of Each Receipt this Period: 1346.10

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

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

Mailing Address 12220 54TH AVENUE N

City PLYMOUTH State MN Zip Code 55442

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1575957619605

Amount of Each Receipt this Period: 1346.10

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

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1575958119605

Amount of Each Receipt this Period: 538.44

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

SUBTOTAL of Receipts This Page (optional) ► **3230.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 111
(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)
LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1575958519605

Amount of Each Receipt this Period 1346.10

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

B.

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1580864719605

Amount of Each Receipt this Period 269.22

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

C.

Full Name (Last, First, Middle Initial)
ROB WEBB

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1580865319605

Amount of Each Receipt this Period 1346.10

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

SUBTOTAL of Receipts This Page (optional) ► 2961.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 111
(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)
JOSEPH O WEISSENBORN

Mailing Address 2740 CRESCENT RIDGE RD

City State Zip Code
MINNETONKA MN 55305-2808

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Total Compensation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1580865419605
Amount of Each Receipt this Period: 340.00
P/R Deduction (\$85.00 Bi-Weekly)

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

Mailing Address 45 GIDEONS POINT ROAD

City State Zip Code
TONKA BAY MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596303919605
Amount of Each Receipt this Period: 134.61
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PAUL H GULSTRAND

Mailing Address 8729 WYNSTONE PASS

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Specialty Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596304019605
Amount of Each Receipt this Period: 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1820.71

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

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

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

FOR LINE NUMBER: PAGE 30 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16369 MILLFORD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Acct Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596304219605
Amount of Each Receipt this Period: 175.00
P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596304519605
Amount of Each Receipt this Period: 807.66
P/R Deduction (\$115.38 Bi-Weekly)

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

Mailing Address 109 HOLLY ROAD

City State Zip Code
HOPKINS MN 55343

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

Name of Employer: UnitedHealth Group, Inc. Occupation: President and CEO UHN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2156.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596304719605
Amount of Each Receipt this Period: 1078.00
P/R Deduction (\$154.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2060.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 111

(check only one)

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

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

A.

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

Mailing Address 18266 DOVE CT

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596304819605

Amount of Each Receipt this Period
1346.10

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

B.

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

Mailing Address 10480 BLUFF RD

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596304919605

Amount of Each Receipt this Period
269.22

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

C.

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

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596305619605

Amount of Each Receipt this Period
134.61

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

SUBTOTAL of Receipts This Page (optional)

1749.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 345 BAYSHORE BLVD # P05

City State Zip Code
TAMPA FL 33606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596306919605
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 406.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596307019605
Amount of Each Receipt this Period: 203.00
P/R Deduction (\$29.00 Bi-Weekly)

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596309719605
Amount of Each Receipt this Period: 140.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **612.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 111
(check only one)

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

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

A.

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

Mailing Address 1643 BRICKELL AVENUE #1906

City State Zip Code
MIAMI FL 33129

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596309819605

Amount of Each Receipt this Period
700.00

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

B.

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

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code
MIAMI LAKES FL 33014

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596311519605

Amount of Each Receipt this Period
134.61

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

C.

Full Name (Last, First, Middle Initial)
KEITH A EPPERSON

Mailing Address 3015 WALNUT GROVE LN N

City State Zip Code
PLYMOUTH MN 55447

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596312419605

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **939.61**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 111

(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) JILLIAN FOUCRE		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 314 GREENFIELD		Transaction ID: PR1596312719605		
	City GLEN ELLYN	State IL	Zip Code 60137	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Reg Network Mgmt Lead	Aggregate Year-to-Date 280.00		

B.	Full Name (Last, First, Middle Initial) STEVAN D GARCIA		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 4675 DELAWARE DRIVE		Transaction ID: PR1596312919605		
	City LARKSPUR	State CO	Zip Code 80118	Amount of Each Receipt this Period 134.61	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	Aggregate Year-to-Date 269.22		

C.	Full Name (Last, First, Middle Initial) RANDY P GILES		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 10819 ROARING BROOK LANE		Transaction ID: PR1596313219605		
	City HOUSTON	State TX	Zip Code 77024	Amount of Each Receipt this Period 269.22	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	Aggregate Year-to-Date 538.44		

SUBTOTAL of Receipts This Page (optional) **543.83**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 111
(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)
EDWARD J HAWLEY

Mailing Address 1031 LAUDERDALE N

City State Zip Code
ONALASKA WI 54650

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596313619605
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

B.

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

Mailing Address 9825 GERALD DR

City State Zip Code
SAINT LOUIS MO 63128

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596313719605
 Amount of Each Receipt this Period: 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 9804 SAGAMORE

City State Zip Code
LEAWOOD KS 66206

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1596314619605
 Amount of Each Receipt this Period: 245.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **654.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 111
(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)
EDWARD LAGERSTROM

Mailing Address 4425 WEST 52ND STREET

City EDINA State MN Zip Code 55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1596315019605

Amount of Each Receipt this Period 269.22

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

B.

Full Name (Last, First, Middle Initial)
JEANNE E LUKAS

Mailing Address 14202 SPRING LAKE ROAD

City MINNETONKA State MN Zip Code 55345

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1596315319605

Amount of Each Receipt this Period 269.22

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

C.

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

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE State NC Zip Code 28269

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2008

Transaction ID: PR1596316819605

Amount of Each Receipt this Period 134.61

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

SUBTOTAL of Receipts This Page (optional) ▶ **673.05**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 111
(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) STEPHAN S RODGERS		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 3455 CONGRESS STREET		Transaction ID: PR1596317119605		
	City FAIRFIELD	State CT	Zip Code 06824	Amount of Each Receipt this Period 1346.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Healthcare Strategies		P/R Deduction (\$192.30 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) DANIEL I ROSENTHAL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 6500 SW 131 STREET		Transaction ID: PR1596317319605		
	City MIAMI	State FL	Zip Code 33156	Amount of Each Receipt this Period 134.61	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO		P/R Deduction (\$19.23 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) KEVIN J RUTH		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 16621 ALEXANDER MANOR DRIVE		Transaction ID: PR1596317419605		
	City SILVER SPRING	State MD	Zip Code 20905	Amount of Each Receipt this Period 525.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC & Regional CEO		P/R Deduction (\$75.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	2005.71
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 111

(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)
MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City State Zip Code
PARKLAND FL 33076

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596317719605

Amount of Each Receipt this Period

134.61

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

B.

Full Name (Last, First, Middle Initial)
JUAN R SERRANO

Mailing Address 2359 BRIAR CT

City State Zip Code
FRISCO TX 75034

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596317819605

Amount of Each Receipt this Period

134.61

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

C.

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

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code
HARTFORD CT 06105

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

Name of Employer Occupation
UnitedHealth Group, Inc. PS RVP Acct Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1596319519605

Amount of Each Receipt this Period

134.61

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

SUBTOTAL of Receipts This Page (optional)

403.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 111
(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)
JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City State Zip Code
CHESTER NJ 07930

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1600597319605
 Amount of Each Receipt this Period: 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address 316 SUWANNEE RD

City State Zip Code
WINTER HAVEN FL 33884

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1600597419605
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHAEL ILE

Mailing Address 14924 PONDVIEW CIRCLE

City State Zip Code
WAYZATA MN 55391

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Network Mgmt Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1600597619605
 Amount of Each Receipt this Period: 134.61
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **543.83**

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

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

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

FOR LINE NUMBER: PAGE 40 / 111
(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)
STEPHEN B GREENBERG

Mailing Address 11508 DALYN TERRACE

City POTOMAC State MD Zip Code 20854

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Syndicated Content Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1600598419605
Amount of Each Receipt this Period: 134.61
P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1600598719605
Amount of Each Receipt this Period: 455.00
P/R Deduction (\$65.00 Bi-Weekly)

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

Mailing Address 12310 SINGLETREE LANE # 2134

City EDEN PRAIRIE State MN Zip Code 55344

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1602667519605
Amount of Each Receipt this Period: 134.61
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **724.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 111

(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)
MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City State Zip Code
SHOREWOOD MN 55331

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1602669919605

Amount of Each Receipt this Period

280.00

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

B.

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

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1346.10

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1613243519605

Amount of Each Receipt this Period

673.05

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

C.

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

Mailing Address 8 EAST 76TH STREET

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 538.44

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1620989019605

Amount of Each Receipt this Period

269.22

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

SUBTOTAL of Receipts This Page (optional)

1222.27

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 111
(check only one)

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

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

A.

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

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1632360019605

Amount of Each Receipt this Period: 403.90

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

B.

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

Mailing Address 14 MYRA LN

City State Zip Code
BURLINGTON CT 06013

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.46

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1653443119605

Amount of Each Receipt this Period: 107.73

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

C.

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

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR1653443219605

Amount of Each Receipt this Period: 403.83

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

SUBTOTAL of Receipts This Page (optional) ▶ **915.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 111
(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)
THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1653444319605
Amount of Each Receipt this Period: 403.90
P/R Deduction (\$57.70 Bi-Weekly)

B.

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

Mailing Address 1313 E STREET NE

City State Zip Code
WASHINGTON DC 20002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1677771619605
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$76.92 Bi-Weekly)

C.

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

Mailing Address 5241 BALDWIN LANE

City State Zip Code
MARIETTA GA 30068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1746717819605
Amount of Each Receipt this Period: 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2288.44

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

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

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

FOR LINE NUMBER: PAGE 44 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN T KOUTSOUMPAS JR

Mailing Address 7202 CONNECTICUT AVENUE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1748514519605
Amount of Each Receipt this Period: 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

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

Mailing Address 619 BOND AVE

City State Zip Code
REISTERSTOWN MD 21136

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1806443219605
Amount of Each Receipt this Period: 140.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code
GREAT FALLS VA 22066

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.40

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1806444719605
Amount of Each Receipt this Period: 123.20
P/R Deduction (\$17.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1609.30

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 111
(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)
GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City State Zip Code
LAFAYETTE CA 94549

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1806750219605

Amount of Each Receipt this Period 420.00

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

B.

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

Mailing Address 13904 NEVADA AVE S

City State Zip Code
SAVAGE MN 55378

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1806750319605

Amount of Each Receipt this Period 269.22

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

C.

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

Mailing Address 3723 ALBEMARLE STREET NW

City State Zip Code
WASHINGTON DC 20016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 539.00

Date of Receipt M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR1817581119605

Amount of Each Receipt this Period 269.50

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **958.72**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 111

(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) SHERRIC PINOTTI		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 416 BEAR AVE S		Transaction ID: PR1832039819605
	City VADNAIS HEIGHTS	State MN	Zip Code 55127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.95
	Name of Employer UnitedHealth Group, Inc.	Occupation Director IT	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90		

B.	Full Name (Last, First, Middle Initial) CHRISTIAN S BERGERON		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 43 MARJORIE LANE		Transaction ID: PR1832301919605
	City MANCHESTER	State CT	Zip Code 06042
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.80
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.70		

C.	Full Name (Last, First, Middle Initial) MICHELLE D LEDELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5115 SARATOGA LANE		Transaction ID: PR1882850619605
	City PLYMOUTH	State MN	Zip Code 55442
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Human Capital Partner	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

SUBTOTAL of Receipts This Page (optional) **712.75**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CATHERINE K ANDERSON
Mailing Address 7 W 200 S
City DRIGGS State ID Zip Code 83422
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing/Bus Dev
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 807.80
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1903550719605
Amount of Each Receipt this Period 403.90
P/R Deduction (\$57.70 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHLEEN L BISHOP
Mailing Address 145 COTTAGE RD
City ENFIELD State CT Zip Code 06082
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Finance
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1903560819605
Amount of Each Receipt this Period 140.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J DUFEK
Mailing Address 816 PROMONTORY PLACE
City EAGAN State MN Zip Code 55123
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director IT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR1903577119605
Amount of Each Receipt this Period 175.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **718.90**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 48 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1903578119605
Amount of Each Receipt this Period: 700.00
P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 128 WOODLAND RD

City State Zip Code
COVENTRY CT 06238

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR1903636919605
Amount of Each Receipt this Period: 134.61
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MARY C ACONIS

Mailing Address PO BOX 29613

City State Zip Code
SAN ANTONIO TX 78229

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119466419605
Amount of Each Receipt this Period: 60.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **894.61**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 111
(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)
JOSEPH E ADDIEGO

Mailing Address 19 MONTE AV

City State Zip Code
PIEDMONT CA 94611

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119466619605

Amount of Each Receipt this Period
192.00

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

B.

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

Mailing Address 2010 VELEZ DR

City State Zip Code
RANCHO PALOS VERDE CA 90275

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119466719605

Amount of Each Receipt this Period
350.00

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

C.

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

Mailing Address 1046 THORNBERRY CREEK DR

City State Zip Code
ONEIDA WI 54155

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119466819605

Amount of Each Receipt this Period
140.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **682.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 111
	<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) ALTHEA BARBER-SMITH		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3442 ALDERLY LANE		Transaction ID: PR2119467519605
	City ORANGE	State CA	Zip Code 92867
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Appeals	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 ▼ 280.00		

B.	Full Name (Last, First, Middle Initial) RUSSELL A BENNETT		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 5 SILVER CREEK		Transaction ID: PR2119468019605
	City IRVINE	State CA	Zip Code 92603
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Marketing/Bus Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

C.	Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 10 SHADOW GLEN		Transaction ID: PR2119468119605
	City IRVINE	State CA	Zip Code 92620
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1344.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Operations	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2688.00		

SUBTOTAL of Receipts This Page (optional)	▶	1624.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 111
	<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) KATHIE L BRYAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 912 JOSHUA PLACE		Transaction ID: PR2119469419605
	City SAN DIEGO	State CA	Zip Code 92154
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Marketing	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 ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) COLLEEN CAMPBELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address UNIT E4 PMB251 2525 ARAPAHOE		Transaction ID: PR2119469919605
	City BOULDER	State CO	Zip Code 80302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Quality Improvement	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) DAVID S CARLSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 13130 WESTPORT ST		Transaction ID: PR2119470219605
	City MOORPARK	State CA	Zip Code 93021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Marketing	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 ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 111
(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)
LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119470319605

Amount of Each Receipt this Period
672.00

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

B. Full Name (Last, First, Middle Initial)
HANS O CHRISTENSEN

Mailing Address 1825 WOODHAVEN CT

City State Zip Code
LUXEMBURG WI 54217

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Provider Call

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119470619605

Amount of Each Receipt this Period
175.00

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

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

Mailing Address 8112 SAPHIRE BAY CIRCLE

City State Zip Code
LAS VEGAS NV 89128

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119471019605

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional) ► **1197.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO BOX 1025

City State Zip Code
RANCHO SANTA FE CA 92067

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119471319605

Amount of Each Receipt this Period
210.00

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

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

Mailing Address 11361 DONOVAN ROAD

City State Zip Code
ROSSMOOR CA 90720

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119471819605

Amount of Each Receipt this Period
175.00

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

C. Full Name (Last, First, Middle Initial)
WILLIAM JOHN CUNNINGHAM, MD

Mailing Address 26321 CANNES

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119471919605

Amount of Each Receipt this Period
140.00

P/R Deduction (\$20.00 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 111
(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)
KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119472519605
 Amount of Each Receipt this Period 140.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119472619605
 Amount of Each Receipt this Period 133.00
 P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 1390 FINCH LN

City GREEN BAY State WI Zip Code 54313

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Pricing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119472819605
 Amount of Each Receipt this Period 105.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 111

(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) ANDREA E DILWEG		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 2321 CARROLL PK SOUTH		Transaction ID: PR2119472919605		
	City LONG BEACH	State CA	Zip Code 90814	Amount of Each Receipt this Period 259.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$37.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Regulatory Affairs	Aggregate Year-to-Date 518.00		

B.	Full Name (Last, First, Middle Initial) BRADLEY M FLUITT		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 108 NORTH ROLLING OAKS		Transaction ID: PR2119474119605		
	City SAN ANTONIO	State TX	Zip Code 78253	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Director IT	Aggregate Year-to-Date 420.00		

C.	Full Name (Last, First, Middle Initial) ROBERT A FRIEDMAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 24336 LA MASINA CT		Transaction ID: PR2119474519605		
	City CALABASAS	State CA	Zip Code 91302	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Acq KA Sales Executive	Aggregate Year-to-Date 280.00		

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 111
(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)
ANGELO GIAMBRONE

Mailing Address 18467 SANTA LEONORA CIR

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Industry Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119475119605

Amount of Each Receipt this Period
420.00

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

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

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DEPERE WI 54115

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119475219605

Amount of Each Receipt this Period
140.00

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

C. Full Name (Last, First, Middle Initial)
JOE L GUINN

Mailing Address 201 W EDGEWATER TERR

City State Zip Code
NEW BRAUNFELS TX 78130

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119476219605

Amount of Each Receipt this Period
300.00

P/R Deduction (\$60.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 VIA CONOCIDO

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119476719605
Amount of Each Receipt this Period: 945.00
P/R Deduction (\$135.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MADELINE L HARLAN

Mailing Address 5642 E PEABODY STREET

City State Zip Code
LONG BEACH CA 90808

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119476919605
Amount of Each Receipt this Period: 133.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119477919605
Amount of Each Receipt this Period: 700.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1778.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KEVIN D HOST	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9090 ROTHERHAM AVE	Transaction ID: PR2119478219605
	City State Zip Code SAN DIEGO CA 92129	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Director Pharmacy Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BRIAN JEFFREY	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9 RIMROCK	Transaction ID: PR2119479119605
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Director Network Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN D JONES	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 3562 REDWOOD	Transaction ID: PR2119479219605
	City State Zip Code IRVINE CA 92606	Amount of Each Receipt this Period 672.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. VP Public/Gov't Affairs-Corp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	987.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 59 / 111
(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)
RONALD W JORDAN
Mailing Address 1626 NW 38TH ST
City OKLAHOMA CITY State OK Zip Code 73118
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119479319605
Amount of Each Receipt this Period 105.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHLEEN M KANNE
Mailing Address 43 BARBADOS
City ALISO VIEJO State CA Zip Code 92656
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Regional Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119479619605
Amount of Each Receipt this Period 210.00
P/R Deduction (\$30.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DIXON W KELLER
Mailing Address 221 LAKEWOOD GARDEN DR
City LAS VEGAS State NV Zip Code 89148
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Director Medicare Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2119479919605
Amount of Each Receipt this Period 80.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 395.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 60 / 111
(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)
MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City State Zip Code
NORTH TUSTIN CA 92705

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119480219605

Amount of Each Receipt this Period
105.00

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

B. Full Name (Last, First, Middle Initial)
TIFFANY T LAM

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Opns & Perf Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119480719605

Amount of Each Receipt this Period
175.00

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

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

Mailing Address 1208 COPRINUS DR

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer Occupation
UnitedHealth Group, Inc. IT Database Cnsltnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119482219605

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional) ► **385.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 111

(check only one)

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

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

A.

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

Mailing Address 13531 CARLTON OAKS

City State Zip Code
SAN ANTONIO TX 78232

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Director Utilization Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119482519605

Amount of Each Receipt this Period
140.00

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

B.

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

Mailing Address 1195 LORAIN ROAD

City State Zip Code
SAN MARINO CA 91108

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

Name of Employer Occupation
UnitedHealth Group, Inc. RVP Sales Pacific Region

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119482619605

Amount of Each Receipt this Period
672.00

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

C.

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

Mailing Address 5670 SHEMIRAN ST

City State Zip Code
LA VERNE CA 91750

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119483019605

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional)

917.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 111
(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)
ELIZABETH M MCDONNELL

Mailing Address 13173 PACIF PROMENADE #115

City State Zip Code
PLAYA VISTA CA 90094

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Mktg Brand Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119483519605
Amount of Each Receipt this Period: 133.00
P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 6212 OAKBROOK CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer UnitedHealth Group, Inc. Occupation Reg Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119483719605
Amount of Each Receipt this Period: 525.00
P/R Deduction (\$75.00 Bi-Weekly)

C.

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

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code
CARMICHAEL CA 95608

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119483919605
Amount of Each Receipt this Period: 455.00
P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1113.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12271 CHIANTI DRIVE

City State Zip Code
LOS ALAMITOS CA 90720

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119484319605

Amount of Each Receipt this Period
350.00

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

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

Mailing Address 9852 SILVRETTA DRIVE

City State Zip Code
CYPRESS CA 90630

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Administrative Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 756.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119484919605

Amount of Each Receipt this Period
378.00

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

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

Mailing Address 372 1/2 NEWPORT AVE

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Underwriting

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485019605

Amount of Each Receipt this Period
140.00

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

SUBTOTAL of Receipts This Page (optional) ► **868.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 111

(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)
TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer Occupation
UnitedHealth Group, Inc. Mgr Operations

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485219605

Amount of Each Receipt this Period
105.00

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

B.

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

Mailing Address 1855 O LEARY ROAD

City State Zip Code
NEENAH WI 54956

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Case Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485419605

Amount of Each Receipt this Period
140.00

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

C.

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

Mailing Address 1298 WASHINGTON ST

City State Zip Code
WRIGHTSTOWN WI 54180

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 448.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485519605

Amount of Each Receipt this Period
224.00

P/R Deduction (\$32.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

469.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 111
(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)
ARNOLD C PAULSON

Mailing Address 5127 E EL ROBLE ST

City State Zip Code
LONG BEACH CA 90815

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485719605

Amount of Each Receipt this Period
133.00

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

B.

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

Mailing Address 3924 E GARNET PL

City State Zip Code
HIGHLANDS RANCH CO 80126

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119485819605

Amount of Each Receipt this Period
175.00

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

C.

Full Name (Last, First, Middle Initial)
MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code
DEPERE WI 54115

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119486419605

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional) ► **413.00**

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

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

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

FOR LINE NUMBER: PAGE 66 / 111
(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)
AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2119486719605

Amount of Each Receipt this Period 945.00

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

B. Full Name (Last, First, Middle Initial)
CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City Tucson State AZ Zip Code 85718

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2119486819605

Amount of Each Receipt this Period 700.00

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

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

Mailing Address 1122-C BUCKINGHAM DRIVE

City Costa Mesa State CA Zip Code 92626

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Quality Assurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2119487919605

Amount of Each Receipt this Period 140.00

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

SUBTOTAL of Receipts This Page (optional) ► 1785.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 111
(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)
CAROLYN M SEABOLT

Mailing Address 4335 SHAVANO WOODS

City State Zip Code
SAN ANTONIO TX 78249

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119489819605
Amount of Each Receipt this Period: 112.00
P/R Deduction (\$16.00 Bi-Weekly)

B.

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

Mailing Address 6485 WAYFINDERS CT

City State Zip Code
CARLSBAD CA 92009

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119490719605
Amount of Each Receipt this Period: 140.00
P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 5598 NAPLES CANAL

City State Zip Code
LONG BEACH CA 90803

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119491119605
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **602.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 111
(check only one)

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

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

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

Mailing Address 222 FOREST DR

City State Zip Code
SOBIESKI WI 54171

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Legal Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119491619605

Amount of Each Receipt this Period
105.00

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

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

Mailing Address 3126 PETALUMA AVENUE

City State Zip Code
LONG BEACH CA 90808

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119491919605

Amount of Each Receipt this Period
672.00

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

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

Mailing Address 11062 GOLD STAR LANE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2119492019605

Amount of Each Receipt this Period
672.00

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

SUBTOTAL of Receipts This Page (optional) ► 1449.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119492619605
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
LINDA D WHETSON

Mailing Address 17212 NORTH SCOTTSDALE ROAD #2258

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Business Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119493519605
Amount of Each Receipt this Period: 140.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Market Leadership

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2119494119605
Amount of Each Receipt this Period: 175.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **595.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 111
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code
AURORA CO 80016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 30 / 2008

Transaction ID: PR2119494419605

Amount of Each Receipt this Period
105.00

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

B.

Full Name (Last, First, Middle Initial)
CINDI Y BORGGREVE

Mailing Address 8227 SOUTH JASMINE COURT

City State Zip Code
CENTENNIAL CO 80112

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
06 / 30 / 2008

Transaction ID: PR2133132319605

Amount of Each Receipt this Period
100.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City State Zip Code
SAINT PAUL MN 55105

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
06 / 30 / 2008

Transaction ID: PR2133132619605

Amount of Each Receipt this Period
105.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 111
(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)
CINDY K DONOHOE

Mailing Address 2109 MEETING STREET

City WAYZATA State MN Zip Code 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2133132719605

Amount of Each Receipt this Period 269.22

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

B. Full Name (Last, First, Middle Initial)
ELLEN M DUFFIELD

Mailing Address 514 WARING ROAD

City ELKINS PARK State PA Zip Code 19027

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2133132819605

Amount of Each Receipt this Period 378.00

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

C. Full Name (Last, First, Middle Initial)
PATRICIA A FORD

Mailing Address 21640 E BRIARWOOD DRIVE

City AURORA State CO Zip Code 80016

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2133132919605

Amount of Each Receipt this Period 201.95

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

SUBTOTAL of Receipts This Page (optional) ▶ **849.17**

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

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

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

FOR LINE NUMBER: PAGE 72 / 111
(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)
CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City State Zip Code
EXCELSIOR MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.68

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2133133119605
Amount of Each Receipt this Period: 361.34
P/R Deduction (\$51.62 Bi-Weekly)

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

Mailing Address 408 22ND ST

City State Zip Code
GOLDEN CO 80401

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2133133219605
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
NANCY W LITTLEFIELD

Mailing Address 13520 PLEASANT COLONY DR

City State Zip Code
MANASSAS VA 20112

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2133133419605
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **910.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 111

(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)
CAROLYN E MAGILL

Mailing Address 3241 EAST CALHOUN PARKWAY

City State Zip Code
MINNEAPOLIS MN 55408

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2133133519605

Amount of Each Receipt this Period

134.61

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

B.

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2133133619605

Amount of Each Receipt this Period

245.00

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

C.

Full Name (Last, First, Middle Initial)
SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer Occupation
UnitedHealth Group, Inc. COO Secure Horizons

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2133133819605

Amount of Each Receipt this Period

1050.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1429.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 111
(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)
KIM A NETTLETON

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2133133919605

Amount of Each Receipt this Period: 140.00

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

B.

Full Name (Last, First, Middle Initial)
T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2133134219605

Amount of Each Receipt this Period: 1346.10

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

C.

Full Name (Last, First, Middle Initial)
HELENE S ROYBAL

Mailing Address 3304 COBBS DRIVE

City PALM HARBOR State FL Zip Code 34684

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2133134519605

Amount of Each Receipt this Period: 378.00

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

SUBTOTAL of Receipts This Page (optional) ► 1864.10

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 111
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 2203 RIVER FALLS DRIVE		Transaction ID: PR2133134619605
City KINGWOOD	State TX	Zip Code 77339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	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 ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) AMIT TRIVEDI		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 8240 E BLACKWILLOW CIR # 206		Transaction ID: PR2133134819605
City IRVINE	State CA	Zip Code 92620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation VP Underwriting	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 ▼ 269.22	

C.

Full Name (Last, First, Middle Initial) CYNTHIA A BARNOWSKI		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 2380 LAKE LUCY ROAD		Transaction ID: PR2145728119605
City CHANHASSEN	State MN	Zip Code 55317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90	

SUBTOTAL of Receipts This Page (optional)	511.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 111
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MARK F BJORNSON

Mailing Address 2009 NW NORFOLK COURT

City PORTLAND State OR Zip Code 97229

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728219605

Amount of Each Receipt this Period 378.00

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

B.

Full Name (Last, First, Middle Initial)
ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728419605

Amount of Each Receipt this Period 269.22

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

C.

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

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728519605

Amount of Each Receipt this Period 269.22

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

SUBTOTAL of Receipts This Page (optional) ► **916.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 111
(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)
JULIE JOHNSTON

Mailing Address 2606 80TH AVE NE

City MEDINA State WA Zip Code 98039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728719605

Amount of Each Receipt this Period 269.22

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

B.

Full Name (Last, First, Middle Initial)
CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City STAFFORD State TX Zip Code 77477

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Acct Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728819605

Amount of Each Receipt this Period 201.95

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

C.

Full Name (Last, First, Middle Initial)
NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City WESTERVILLE State OH Zip Code 43082

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

Name of Employer UnitedHealth Group, Inc. Occupation KA Director Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2008

Transaction ID: PR2145728919605

Amount of Each Receipt this Period 140.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **611.17**

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

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

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

FOR LINE NUMBER: PAGE 78 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM Y MICKLE

Mailing Address 8 DURANGO COURT

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2145729119605

Amount of Each Receipt this Period
134.61

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

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

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code
IRVINE CA 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2145729219605

Amount of Each Receipt this Period
245.00

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

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

Mailing Address 4160 TRILLIUM LANE EAST

City State Zip Code
MINNETRISTA MN 55364

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2145729419605

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional) ► **1079.61**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 111
(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)
LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code
AUSTIN TX 78737

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2145729519605
Amount of Each Receipt this Period: 105.00
P/R Deduction (\$15.00 Bi-Weekly)

B.

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

Mailing Address 13935 WOODRIDGE PATH

City State Zip Code
SAVAGE MN 55378

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2145729719605
Amount of Each Receipt this Period: 245.00
P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
THOMAS A SINKEWICZ

Mailing Address 1525 STATE STREET

City State Zip Code
EAU CLAIRE WI 54701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2145729819605
Amount of Each Receipt this Period: 200.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 111
(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)
DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2145729919605
Amount of Each Receipt this Period: 807.66
P/R Deduction (\$115.38 Bi-Weekly)

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

Mailing Address 21 CRESCENT CITY

City State Zip Code
IRVINE CA 92602

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuary - Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2145730219605
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GARY E BACHER

Mailing Address 4302 THORNAPPLE ST

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Govt Affairs & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2162866819605
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1507.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 111
(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)
SCOTT J FRIES

Mailing Address 16393 MAYFIELD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2162867119605
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$76.92 Bi-Weekly)

B.

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

Mailing Address 157 SUMMIT POINT DRIVE

City State Zip Code
HASTINGS MN 55033

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2162867219605
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City State Zip Code
NEW HOPE MN 55427

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2225166719605
Amount of Each Receipt this Period: 807.66
P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1696.10**

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

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

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

FOR LINE NUMBER: PAGE 82 / 111
(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)
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code
FARMINGTON CT 06032

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

Name of Employer Occupation
UnitedHealth Group, Inc. Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2225813619605

Amount of Each Receipt this Period
403.90

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

B. Full Name (Last, First, Middle Initial)
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City State Zip Code
OXFORD CT 06478

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

Name of Employer Occupation
Director Healthcare Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2225817519605

Amount of Each Receipt this Period
134.61

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

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

Mailing Address 437 DRURY LANE

City State Zip Code
WYCKOFF NJ 07481

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: PR2225818819605

Amount of Each Receipt this Period
403.90

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

SUBTOTAL of Receipts This Page (optional) ► 942.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 111

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ERIC S RANGEN

Mailing Address 1376 MICHELLE DRIVE

City State Zip Code
EAGAN MN 55123

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2225819319605

Amount of Each Receipt this Period
1346.10

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

B.

Full Name (Last, First, Middle Initial)
JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City State Zip Code
NAPERVILLE IL 60540

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2225819619605

Amount of Each Receipt this Period
269.22

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

C.

Full Name (Last, First, Middle Initial)
ROY T SAILOR

Mailing Address 7705 MONTANE DRIVE

City State Zip Code
COLORADO SPRINGS CO 80920

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1076.88

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2225819719605

Amount of Each Receipt this Period
538.44

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

SUBTOTAL of Receipts This Page (optional)

2153.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 111
(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)
A R WEILER

Mailing Address 4512 EDINA BOULEVARD

City EDINA State MN Zip Code 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR225820619605

Amount of Each Receipt this Period: 280.00

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

B. Full Name (Last, First, Middle Initial)
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2231347219605

Amount of Each Receipt this Period: 210.00

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

C. Full Name (Last, First, Middle Initial)
JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City SIMPSONVILLE State SC Zip Code 29681

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Public Policy Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2231347419605

Amount of Each Receipt this Period: 350.00

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

SUBTOTAL of Receipts This Page (optional) ► **840.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 111

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code
ZIONSVILLE IN 46077

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

Name of Employer Occupation
VP UHO Sales

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2231349719605

Amount of Each Receipt this Period

105.00

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

B.

Full Name (Last, First, Middle Initial)
MICHAEL HAMPTON

Mailing Address 1387 RED DUNES RUN

City State Zip Code
AVON IN 46123

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

Name of Employer Occupation
Director Government Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2231350519605

Amount of Each Receipt this Period

140.00

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

C.

Full Name (Last, First, Middle Initial)
DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
Director Administrative Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2231351919605

Amount of Each Receipt this Period

140.00

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

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 111
(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)
DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City INDIANAPOLIS State IN Zip Code 46256

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2231352319605

Amount of Each Receipt this Period: 560.00

P/R Deduction (\$80.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JANET SUE SELF

Mailing Address 3202 BABSON CT

City INDIANAPOLIS State IN Zip Code 46268

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

Name of Employer: Occupation: Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2231352419605

Amount of Each Receipt this Period: 105.00

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

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

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2008

Transaction ID: PR2247625819605

Amount of Each Receipt this Period: 280.00

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

SUBTOTAL of Receipts This Page (optional) ► 945.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANDREA M GREENE
Mailing Address 2720 FLORIDA AVE S
City SAINT LOUIS PARK State MN Zip Code 55426
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Director Operations
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2247626019605
Amount of Each Receipt this Period 105.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CYNTHIA L IACARELLA
Mailing Address 2061 THORNDALE AVENUE
City NEW BRIGHTON State MN Zip Code 55112
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Human Capital Partner (Mgr)
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2247626119605
Amount of Each Receipt this Period 105.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CAROLYN B KERR
Mailing Address 3456 ROSENDALE ROAD
City NISKAYUNA State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Director Business Development
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22
Date of Receipt 06 / 30 / 2008
Transaction ID: PR2247626219605
Amount of Each Receipt this Period 134.61
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 344.61
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 111

(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) JOYCE M RUDDOCK		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4 SPLIT ROCK ROAD		Transaction ID: PR2247626419605
	City NEWTOWN	State CT	Zip Code 06470
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

B.	Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 11 CARRIAGE WAY		Transaction ID: PR2247626819605
	City WHITE PLAINS	State NY	Zip Code 10605
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
	Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.80		

C.	Full Name (Last, First, Middle Initial) DONALD R GINTZIG		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1730 TWELVE OAKS		Transaction ID: PR2247626919605
	City MURFREESBORO	State TN	Zip Code 37127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 403.90
	Name of Employer UnitedHealth Group, Inc.	Occupation CEO Military Health Svcs	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.80		

SUBTOTAL of Receipts This Page (optional)

1157.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code
MINNETRISTA MN 55364

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

Name of Employer Occupation
Director IT Project Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2247627019605
Amount of Each Receipt this Period: 175.00
P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANGELA R LAWHORN

Mailing Address 225 HARDWICKE LANE

City State Zip Code
LITTLE ELM TX 75068

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

Name of Employer Occupation
Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.88

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2247627119605
Amount of Each Receipt this Period: 188.44
P/R Deduction (\$26.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
TIMOTHY B MEYER

Mailing Address 37 OLD KINGS HIGHWAY

City State Zip Code
WILTON CT 06897

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

Name of Employer Occupation
Director Regltry Govt Affairs (RVP)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: PR2247627219605
Amount of Each Receipt this Period: 180.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **543.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 111

(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)
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code
COS COB CT 06807

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247627319605

Amount of Each Receipt this Period
403.90

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

B.

Full Name (Last, First, Middle Initial)
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO United Retiree Solutions

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247627419605

Amount of Each Receipt this Period
403.90

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

C.

Full Name (Last, First, Middle Initial)
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code
PLYMOUTH MN 55447

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247627619605

Amount of Each Receipt this Period
403.90

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

SUBTOTAL of Receipts This Page (optional) ▶

1211.70

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

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

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

FOR LINE NUMBER: PAGE 91 / 111
(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)
SANJAY GARODIA

Mailing Address 1882 CATKIN CIRCLE

City State Zip Code
CHESTERTON IN 46304

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247627819605

Amount of Each Receipt this Period
269.22

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

B. Full Name (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO Ovations Pharmacy Sltns

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247627919605

Amount of Each Receipt this Period
1346.10

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

C. Full Name (Last, First, Middle Initial)
DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.88

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: PR2247628019605

Amount of Each Receipt this Period
188.44

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1803.76**

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

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

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

FOR LINE NUMBER: PAGE 92 / 111

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
PAUL C CONLIN

Mailing Address 50 POLLARD ROAD

City State Zip Code
MOUNTAIN LAKES NJ 07046

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: PR2259635119605

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Bi-W-weekly)

B.

Full Name (Last, First, Middle Initial)
JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1550

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: PR2259738419605

Amount of Each Receipt this Period

280.00

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

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

99551.31

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address 818 Connecticut Ave. NW Suite 1100 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Leadership PAC Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27631978 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Senate Majority Fund <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement Leadership PAC for Senator Jon Kyl Candidate Name Senate Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27632153 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) The Reed Committee <hr/> Mailing Address P.O. Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement Re-elect to US Senate Candidate Name Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Transaction ID: 27632345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

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)

<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. Full Name (Last, First, Middle Initial) Cummings for Congress</p> <p>Mailing Address P.O. Box 1631</p> <p>City Baltimore State MD Zip Code 21203-1631</p> <p>Purpose of Disbursement Re-election to Congress</p> <p>Candidate Name Elijah Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 00</p>	<p>Transaction ID: 27690212</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-election to Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address P.O. Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Re-election to Congress</p> <p>Candidate Name Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 10</p>	<p>Transaction ID: 27690213</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-election to Congress</p>
<p>C. Full Name (Last, First, Middle Initial) The Grassley Committee, Inc.</p> <p>Mailing Address P.O. Box 6193</p> <p>City Alexandria State VA Zip Code 22306-0193</p> <p>Purpose of Disbursement Re-Elect to Senate</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p>	<p>Transaction ID: 27690214</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-Elect to Senate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capital St. 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Campaign Committee Federal

Candidate Name
Democratic Congressional Campaign Committee

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 27719646
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Political Campaign Committee Federal

B. Full Name (Last, First, Middle Initial)
Friends of Blanche Lincoln

Mailing Address P.O. Box 77572

City Washington State DC Zip Code 20013

Purpose of Disbursement
Re-elect to Senate

Candidate Name
Blanche Lambert Lincoln

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: AR District:

Transaction ID: 27753036
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to Senate

C. Full Name (Last, First, Middle Initial)
Bachmann For Congress

Mailing Address Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement
Re-election to Congress

Candidate Name
Michele Bachmann

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: MN District: 06

Transaction ID: 27753052
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-election to Congress

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Full Name (Last, First, Middle Initial) Schuring For Congress Committee</p> <p>Mailing Address 400 Market Ave North Suite 400</p> <p>City Canton State OH Zip Code 44702</p> <p>Purpose of Disbursement Elect to US Congress</p> <p>Candidate Name Mr. Kirk Schuring</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 16</p>	<p>Transaction ID: 27753160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Kline For Congress</p> <p>Mailing Address 7500 Hudson Boulevard Suite 130B</p> <p>City Oakdale State MN Zip Code 55128</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name John Kline, Jr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 06</p>	<p>Transaction ID: 27774466</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Re-elect to US Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Hoosiers For Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 09</p>	<p>Transaction ID: 27774469</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Re-elect to US Congress</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 27774470 Date of Disbursement 04 / 25 / 2008
	Mailing Address 25 East Main Street, Suite 200	Amount of Each Disbursement this Period 2500.00
	City Richmond State VA Zip Code 23219	
	Purpose of Disbursement Leadership PAC Candidate Name ERICPAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Leadership PAC

B.	Full Name (Last, First, Middle Initial) NorthStar Leadership PAC	Transaction ID: 27826888 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 4365	Amount of Each Disbursement this Period 5000.00
	City St. Paul State MN Zip Code 55104	
	Purpose of Disbursement Leadership PAC Candidate Name NorthStar Leadership PAC Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Leadership PAC

C.	Full Name (Last, First, Middle Initial) Kate Whitman For Congress	Transaction ID: 27826891 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 521	Amount of Each Disbursement this Period 1000.00
	City Springfield State NJ Zip Code 07081	
	Purpose of Disbursement Elect to US Congress Candidate Name Kate Whitman Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 07	Elect to US Congress

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 3301</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 08</p>	<p>Transaction ID: 27833101</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Re-election to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) People for English</p> <p>Mailing Address P.O. Box 1940</p> <p>City Erie State PA Zip Code 16507</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 21</p>	<p>Transaction ID: 27833103</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Re-election to US Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Effective Leadership PAC</p> <p>Mailing Address 309 LaFayette Avenue #13M</p> <p>City Brooklyn State NY Zip Code 11238</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name Effective Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 27833128</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Leadership PAC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Re-election to US Congress Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27833152 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Re-election to US Congress

B. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27833162 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Re-elect to US Congress

C. Full Name (Last, First, Middle Initial) Nelson For U S Senate (Nelson 2012) Mailing Address PO Box 8666 City Omaha State NE Zip Code 68108 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27858665 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 27565</p> <p>City Tucson State AZ Zip Code 85726</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27904989</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Adam Smith For Congress</p> <p>Mailing Address 27030 47th Ave S #104</p> <p>City Kent State WA Zip Code 98032</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27905003</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Sam Johnson</p> <p>Mailing Address PO Box 860096</p> <p>City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Sam Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27916456</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27985848 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 2300.00 Re-elect to US Senate
B.	Full Name (Last, First, Middle Initial) Richardson for President Inc Mailing Address P.O. Box 26208 City Albuquerque State NM Zip Code 81725-6208 Purpose of Disbursement Debt Retirement Democrat Presidential Race 2008 Candidate Name Bill Richardson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 27985965 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 5000.00 Debt Retirement Democrat Presidential Race 2008
C.	Full Name (Last, First, Middle Initial) Gard For Congress Mailing Address PO Box 277 City Green Bay State WI Zip Code 54305 Purpose of Disbursement Elect to US Congress Candidate Name John Gard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27986153 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 5000.00 Elect to US Congress

SUBTOTAL of Disbursements This Page (optional) ▶

12300.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen <hr/> Mailing Address P.O. Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement Elect to US Congress Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	Transaction ID: 27986180 Date of Disbursement 06 / 03 / 2008	Amount of Each Disbursement this Period 2500.00 Elect to US Congress
B.	Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Campaign <hr/> Mailing Address PO Box 12612 <hr/> City San Antonio State TX Zip Code 78212 <hr/> Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Charles Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20	Transaction ID: 28012552 Date of Disbursement 06 / 11 / 2008	Amount of Each Disbursement this Period 1000.00 Re-elect to Congress
C.	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Charles Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	Transaction ID: 28012555 Date of Disbursement 06 / 11 / 2008	Amount of Each Disbursement this Period 1000.00 Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28012561 Date of Disbursement: 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Prosperity PAC</p> <p>Mailing Address 429 North Saint Asaph</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Political Action Committee</p> <p>Candidate Name Prosperity PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28012568 Date of Disbursement: 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Political Action Committee</p>
<p>C. 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 Re-elect to US Congress</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: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28012571 Date of Disbursement: 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Boehner <hr/> Mailing Address 7908-I Cincinnati Dayton Road <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Re-elect to US Congress Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28012581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address Po Box 278 <hr/> City Strafford State MO Zip Code 65757 <hr/> Purpose of Disbursement Re-elect to US Congress Candidate Name Roy Blunt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28012583 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congress <hr/> Mailing Address 3729 Silsby Rd <hr/> City University Heights State OH Zip Code 44118 <hr/> Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Stephanie Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28025950 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Chris Lee For Congress Mailing Address PO Box 15395 City Rochester State NY Zip Code 14615 Purpose of Disbursement Elect to US Congress Candidate Name Mr. Christopher Lee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28051211 Date of Disbursement 06 / 16 / 2008 Amount of Each Disbursement this Period 1000.00 011 Category/Type Elect to US Congress
B.	Full Name (Last, First, Middle Initial) Friends Of Tracey Brooks Mailing Address 77 Columbia Street City Albany State NY Zip Code 12210 Purpose of Disbursement Elect to US House of Reps Candidate Name Tracey Brooks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28069809 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 500.00 011 Category/Type Elect to US House of Reps
C.	Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28087907 Date of Disbursement 06 / 20 / 2008 Amount of Each Disbursement this Period 2000.00 011 Category/Type Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 28099077 Date of Disbursement
	Mailing Address 555 13th Street NW Suite 600 East	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20004-1109	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-Elect to Senate	<input type="text" value="2000.00"/>
	Candidate Name Orrin G. Hatch	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	Re-Elect to Senate

B.	Full Name (Last, First, Middle Initial) Nelson For U S Senate (Nelson 2012)	Transaction ID: 28099078 Date of Disbursement
	Mailing Address PO Box 8666	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to Senate	<input type="text" value="2000.00"/>
	Candidate Name Sen. Ben Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Re-elect to Senate

C.	Full Name (Last, First, Middle Initial) Nelson For U S Senate (Nelson 2012)	Transaction ID: 28099082 Date of Disbursement
	Mailing Address PO Box 8666	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to US Senate	<input type="text" value="3000.00"/>
	Candidate Name Sen. Ben Nelson	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
Donna Christensen Campaign

Mailing Address PO Box 5197

City State Zip Code
St. Croix VI 00823

Purpose of Disbursement
Re-elect to US House

Candidate Name
Rep. Donna Christensen

Office Sought: House
 Senate
 President

State: VI District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 28099084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US House

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Michigan Senate Republican Campaign Committee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 27719591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Michigan Senate Republican Campaign Committee

B. Full Name (Last, First, Middle Initial)
Friends of Dominic Pileggi

Mailing Address 101 West Baltimore Avenue
Second Floor

City Media State PA Zip Code 19063

Purpose of Disbursement
Dominic Pileggi, STATE SENATE 9th PA

Candidate Name
PA Sen. Dominic Pileggi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District:

Transaction ID: 27826893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Dominic Pileggi, STATE SENATE 9th PA

C. Full Name (Last, First, Middle Initial)
Citizens for John J. Gleason

Mailing Address 4806 Westvale Circle

City Lansing State MI Zip Code 48917

Purpose of Disbursement
John Gleason, STATE SENATE 27 MI

Candidate Name
MI Sen. John Gleason

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District:

Transaction ID: 27971727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

John Gleason, STATE SENATE 27 MI

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: 27971745 Date of Disbursement 06 / 02 / 2008
	Mailing Address PO Box 177	Amount of Each Disbursement this Period 1000.00
	City Brockway State PA Zip Code 15824	
	Purpose of Disbursement Joseph Scarnati, STATE SENATE 25 PA	011 Category/Type
	Candidate Name Senator Joseph Scarnati, III	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Joseph Scarnati, STATE SENATE 25 PA
	State: PA District:	

B.	Full Name (Last, First, Middle Initial) Rendell for Governor	Transaction ID: 27985826 Date of Disbursement 06 / 03 / 2008
	Mailing Address 123 South Broad Street	Amount of Each Disbursement this Period 10000.00
	City Philadelphia State PA Zip Code 19109	
	Purpose of Disbursement Edward Rendell, GOVERNOR PA	011 Category/Type
	Candidate Name Edward G. Rendell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Edward Rendell, GOVERNOR PA
	State: District:	

C.	Full Name (Last, First, Middle Initial) Tom Corbett for Attorney General	Transaction ID: 27992631 Date of Disbursement 06 / 06 / 2008
	Mailing Address PO Box 1056	Amount of Each Disbursement this Period 2500.00
	City Glenside State PA Zip Code 19038	
	Purpose of Disbursement Tom Corbett, ATTORNEY GENERAL PA	011 Category/Type
	Candidate Name Tom Corbett	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Tom Corbett, ATTORNEY GENERAL PA
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	13500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Federation of IA Insurers PAC Mailing Address 314 6th Avenue, Suite 740 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Annual Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28012578 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 2200.00 Annual Contribution
B.	Full Name (Last, First, Middle Initial) The Veronica Gonzales Campaign Mailing Address PO 1416 City McAllen State TX Zip Code 78504 Purpose of Disbursement Veronica Gonzales, STATE HOUSE 41 TX Candidate Name TX Rep. Veronica Gonzales Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 41 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28018991 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 500.00 Veronica Gonzales, STATE HOUSE 41 TX
C.	Full Name (Last, First, Middle Initial) Fortuno 2008 Mailing Address 801 Pennsylvania Avenue, NW Suite 600 City Washington State DC Zip Code 20004 Purpose of Disbursement Luis Fortuno, Governor PR Candidate Name Luis Fortuno Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28025947 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Luis Fortuno, Governor PR

SUBTOTAL of Disbursements This Page (optional) ▶	3700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Pennsylvania State Republican Campaign Committee

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 28069807

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Pennsylvania State Republican Campaign Committee

B. Full Name (Last, First, Middle Initial)
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City Lansing State MI Zip Code 48901

Purpose of Disbursement
State Senate - Michigan

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 28087901

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

10000.00

State Senate - Michigan

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

31300.00