

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 CITY STATE ZIP CODE

C 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 01 2013 through 07 31 2013

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

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Susan Sherwood [Electronically Filed] Date 08 20 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="220131.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="218020.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="47339.10"/>	<input type="text" value="350727.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="265359.33"/>	<input type="text" value="570859.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2401.50"/>	<input type="text" value="307901.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="262957.83"/>	<input type="text" value="262957.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 07 / 01 / 2013 To: 07 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43792.64	251491.92
(ii) Unitemized	3546.46	99235.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47339.10	350727.91
(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)	47339.10	350727.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	47339.10	350727.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47339.10	350727.91

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	321000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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	-13098.50	-13098.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2401.50	307901.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2401.50	307901.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47339.10	350727.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47339.10	350727.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. DEBORAH S STREB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159794130858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ANTHONY J KAZLAUSKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARNIVAL TERRACE
 City WEST WARWICK State RI Zip Code 02893-1985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159794630858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CARLA M MUGGIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 FAIR OAKS LANE
 City LONGBOAT KEY State FL Zip Code 34228-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Ntwk Contract Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159798230858
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	106.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRIAN R BELLOWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOWOOD LANE
 City TRUMBULL State CT Zip Code 06611-4062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159803830858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City SENECA State SC Zip Code 29672-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159805530858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City LINCOLN State NE Zip Code 68510-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159806030858
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901-3007

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1159812830858

Amount of Each Receipt this Period

120.00

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

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

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439-1708

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

Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1159814730858

Amount of Each Receipt this Period

384.60

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

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

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391-9690

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1159815930858

Amount of Each Receipt this Period

384.60

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125-9138

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

Name of Employer Occupation
United HealthCare Services Inc SVP UnitedHlthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR1159816430858

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code
WAYZATA MN 55391-2259

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

Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR1159816630858

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 120 BLACK OAKS LANE

City State Zip Code
WAYZATA MN 55391-1363

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

Name of Employer Occupation
United HealthCare Services Inc SVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.50

Date of Receipt
07 / 31 / 2013
Transaction ID : PR1159816930858

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....	704.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159817430858
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159817930858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1159819130858
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 394.00
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 11 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID J FALK		Date of Receipt
Mailing Address 323 LAWRENCE AVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
HIGHLAND PARK	NJ	08904-1851
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	
		Transaction ID : PR1159820230858
		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. WILLIAM C TRACY		Date of Receipt
Mailing Address 13016 CANTERBURY		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
LEAWOOD	KS	66209-1768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="865.50"/>	
		Transaction ID : PR1159821530858
		Amount of Each Receipt this Period
		<input type="text" value="115.40"/>
		P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RICHARD J MIGLIORI		Date of Receipt
Mailing Address PO BOX 72		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYZATA	MN	55391-0072
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	EVP Consumr Hlth Med Care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : PR1159827430858
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="343.40"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEANNINE M RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1159830030858
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. JACK E SHUFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 ASPEN LANE
 City State Zip Code
 COVINGTON LA 70433-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB RVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1159830530858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JILL WINTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SPOEDE LN
 City State Zip Code
 SAINT LOUIS MO 63141-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1159840430858
 Amount of Each Receipt this Period
 108.00
 P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	570.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. ANTHONY WELTERS
Full Name (Last, First, Middle Initial)
Mailing Address 919 SAIGON ROAD

City MCLEAN	State VA	Zip Code 22102-2116
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2692.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1332013230858

Amount of Each Receipt this Period
384.60

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

B. ROBERT J BOHNENKAMP
Full Name (Last, First, Middle Initial)
Mailing Address 4925 WOODS COURT

City GREENWOOD	State MN	Zip Code 55331-9291
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1551005630858

Amount of Each Receipt this Period
78.00

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

C. MICHAEL J BRESOLIN
Full Name (Last, First, Middle Initial)
Mailing Address 121 W VIEW STREET

City LOMBARD	State IL	Zip Code 60148-1659
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Care Advocacy
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1551005730858

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	502.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1551132330858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1551133430858
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1551161330858
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.30
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 15 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LOIS T WEIHRAUCH		Date of Receipt
Mailing Address 10392 SHERMAN DRIVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347-4452
FEC ID number of contributing federal political committee.		Transaction ID : PR1551161430858
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
Name of Employer	Occupation	P/R Deduction (\$60.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) B. JOHN O ENDERLE		Date of Receipt
Mailing Address 31 ANDREIS TRAIL		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTH WINDSOR	CT	06074-2142
FEC ID number of contributing federal political committee.		Transaction ID : PR1554323530858
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="110.00"/>
Name of Employer	Occupation	P/R Deduction (\$55.00 Bi-Weekly)
United HealthCare Services Inc	Regn Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="825.00"/>	

Full Name (Last, First, Middle Initial) C. MICHAEL RADU		Date of Receipt
Mailing Address 42820 VIOLA CT		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
LEESBURG	VA	20176-6847
FEC ID number of contributing federal political committee.		Transaction ID : PR1554324530858
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="108.00"/>
Name of Employer	Occupation	P/R Deduction (\$54.00 Bi-Weekly)
United HealthCare Services Inc	COO Collaborative Care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="810.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="338.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY State TX Zip Code 77459-4111

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR1554324630858

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2884.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR1575957630858

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938-5622

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR1575958130858

Amount of Each Receipt this Period
153.84

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

SUBTOTAL of Receipts This Page (optional).....▶	576.90
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: (check only one)	PAGE 17 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424-1514

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

Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1575958530858

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405-2350

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

Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1580864730858

Amount of Each Receipt this Period 200.00

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

C. ROBERT THOMAS WEBB
Full Name (Last, First, Middle Initial)

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424-1130

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1580865330858

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional).....▶ 969.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1596304130858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1596304330858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1596304530858
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	630.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3749

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR1596304630858

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 401 N 2ND ST UNIT 512

City MINNEAPOLIS State MN Zip Code 55401-1591

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR1596304930858

Amount of Each Receipt this Period **76.92**

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

C. DANIEL J SCHUMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 11582 RASPBERRY HILL ROAD

City EDEN PRAIRIE State MN Zip Code 55344-3268

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1725.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR1596305430858

Amount of Each Receipt this Period **230.00**

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	384.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SCOTT E THEISEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 MEADOWWOODS TRAIL
 City State Zip Code
 LONG LAKE MN 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1596305630858
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. THOMAS D LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHIPPEWA AVENUE
 City State Zip Code
 TAMPA FL 33606-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1596306930858
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City State Zip Code
 EDINA MN 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1596307030858
 Amount of Each Receipt this Period
 220.00
 P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	335.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL J ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 17907 INVERNESS CURVE

City State Zip Code
EDEN PRAIRIE MN 55347-2155

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

Name of Employer Occupation
United HealthCare Services Inc Dir Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR1596309330858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618-2149

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

Name of Employer Occupation
United HealthCare Services Inc Regn Exec Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR1596309730858

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 28115 BOULDER BRIDGE DRIVE

City State Zip Code
EXCELSIOR MN 55331-7959

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

Name of Employer Occupation
United HealthCare Services Inc SVP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR1596312930858

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	144.46
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 22 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KURT A HEUMANN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 9825 GERALD DR		Transaction ID : PR1596313730858
City SAINT LOUIS	State MO	Zip Code 63128-1767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. JOHN H RENNICK JR		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 3220 LAKEWOOD EDGE DRIVE		Transaction ID : PR1596316830858
City CHARLOTTE	State NC	Zip Code 28269-7705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer United HealthCare Services Inc	Occupation Med Dir	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 ▼ 288.45	

Full Name (Last, First, Middle Initial) C. DANIEL I ROSENTHAL		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 109 SLEEPY HOLLOW LANE		Transaction ID : PR1596317330858
City ORINDA	State CA	Zip Code 94563-1340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	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 ▼ 288.45	

SUBTOTAL of Receipts This Page (optional).....▶	116.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City SILVER SPRING	State MD	Zip Code 20905-5028
-----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP, Hlth Advancement
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1596317430858

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE	State GA	Zip Code 30024-8576
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA VP Sls Acct Mgmt
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1596318430858

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT	State MN	Zip Code 55003-1607
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1596319030858

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	278.00
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 24 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. M LAURIE WASSERSTEIN
Full Name (Last, First, Middle Initial)
Mailing Address 92 GOODWIN CIRCLE

City HARTFORD	State CT	Zip Code 06105-5205
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation PS NA VP Clnt Mgmt
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1596319530858

Amount of Each Receipt this Period

38.46

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

B. MYRON R WERLEY
Full Name (Last, First, Middle Initial)
Mailing Address 4260 FOXBERRY COURT

City MEDINA	State MN	Zip Code 55340-9390
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1596319630858

Amount of Each Receipt this Period

40.00

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

C. JOHN P DODDY
Full Name (Last, First, Middle Initial)
Mailing Address 1 ROXITICUS VIEW

City CHESTER	State NJ	Zip Code 07930-3020
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1600597330858

Amount of Each Receipt this Period

78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	156.46
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 25 OF 164
(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. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1600598530858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1600598730858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1602669930858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 26 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 18076 CLEAR SPRING LANE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1078

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1613243530858

Amount of Each Receipt this Period
192.30

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

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

Mailing Address 14 MYRA LN

City	State	Zip Code
BURLINGTON	CT	06013-1327

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1653443130858

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City	State	Zip Code
EDINA	MN	55435-4150

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR1653443230858

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	616.90
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 27 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS J BELLAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2743 THOMAS AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55416-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB RVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 865.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 31 2013
Transaction ID : PR1653444330858
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. ALISTAIR D JACQUES
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 OLD LONG LAKE ROAD
 City State Zip Code
 WAYZATA MN 55391-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 31 2013
Transaction ID : PR1653445230858
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. ELIZABETH DARCIE CORBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7985 LEA CIRCLE
 City State Zip Code
 BLOOMINGTON MN 55438-1286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Hlth Care Initiv
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 31 2013
Transaction ID : PR1669432230858
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	700.00
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 28 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. MILES S SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 KNOLLWOOD DRIVE
 City ATLANTA State GA Zip Code 30305-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1746717830858
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. WILLIAM TALAMANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11618 ROLLING MEADOW DR
 City GREAT FALLS State VA Zip Code 22066-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1806444730858
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. PAUL M EMERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1806750330858
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	541.52
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 29 OF 164
(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. CATHERINE K ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W 2000 S
 City State Zip Code
 DRIGGS ID 83422-4874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 865.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1903550730858
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. KATHLEEN L BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City State Zip Code
 ENFIELD CT 06082-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1903560830858
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ROBERT J DUFEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 PROMONTORY PLACE
 City State Zip Code
 EAGAN MN 55123-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR1903577130858
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SUSAN B EDBERG		Date of Receipt
Mailing Address 9727 WELLINGTON RIDGE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
WOODBURY	MN	55125-9592
FEC ID number of contributing federal political committee.		Transaction ID : PR1903578130858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Bus Segment COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER T JOHNSON		Date of Receipt
Mailing Address 12880 53RD STREET NORTH		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
STILLWATER	MN	55082-1063
FEC ID number of contributing federal political committee.		Transaction ID : PR1903591130858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

Full Name (Last, First, Middle Initial) C. STEVEN F PENN		Date of Receipt
Mailing Address 6766 IDLEWOOD WAY		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55346-3506
FEC ID number of contributing federal political committee.		Transaction ID : PR1903612930858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="306.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 20030 EXCELSIOR BLVD
 City EXCELSIOR State MN Zip Code 55331-8727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1903622030858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LORI A STEERUP
 Full Name (Last, First, Middle Initial)
 Mailing Address 7019 DONLEA LANE
 City EDEN PRAIRIE State MN Zip Code 55346-3164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1903628630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. PAUL D WEYMOUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 WRIGHTS MILL RD
 City COVENTRY State CT Zip Code 06238-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 31 / 2013
Transaction ID : PR1903636930858
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	266.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRADLEY E ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 THORNBERRY CREEK DR
 City ONEIDA State WI Zip Code 54155-8632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119466830858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. RUSSELL A BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 HALSEY AVE
 City LAGUNA NIGUEL State CA Zip Code 92677-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119468030858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620-0204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2880.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119468130858
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	464.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. KATHIE L BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mrkting Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119469430858
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. COLLEEN CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 W 73RD AVENUE
 City WESTMINSTER State CO Zip Code 80003-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119469930858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. DAVID S CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 13130 WESTPORT ST
 City MOORPARK State CA Zip Code 93021-2958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119470230858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648-6710

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2119470330858

Amount of Each Receipt this Period **192.00**

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

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

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720-2931

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

Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2119471830858

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 315 N 71ST ST

City SEATTLE State WA Zip Code 98103-5019

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2119472530858

Amount of Each Receipt this Period **40.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LINDA M DAYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5364 E ABBEYFIELD ST
 City LONG BEACH State CA Zip Code 90815-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119472630858
 Amount of Each Receipt this Period 38.00
 P/R Deduction (\$19.00 Bi-Weekly)

B. TODD J DEMBROSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1390 FINCH LN
 City GREEN BAY State WI Zip Code 54313-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119472830858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. AMY J GILDERNICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2709 WILLIAMS GRANT
 City DE PERE State WI Zip Code 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119475230858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID M HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 VIA CONOCIDO
 City SAN CLEMENTE State CA Zip Code 92673-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2119476730858
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

B. SAMUEL W HO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 OCEAN DR
 City MANHATTAN BEACH State CA Zip Code 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2119477930858
 Amount of Each Receipt this Period 307.60
 P/R Deduction (\$153.80 Bi-Weekly)

C. KEVIN D HOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 14617 GRANT ST
 City OVERLAND PARK State KS Zip Code 66221-2283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2119478230858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	617.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 164
(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)

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

Mailing Address 9 RIMROCK

City State Zip Code
 IRVINE CA 92603-3604

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

Name of Employer Occupation
 United HealthCare Services Inc Regn Pres Ntwk Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2119479130858

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 3562 REDWOOD

City State Zip Code
 IRVINE CA 92606-2124

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

Name of Employer Occupation
 United HealthCare Services Inc VP Govt Rel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2119479230858

Amount of Each Receipt this Period
192.00

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

Full Name (Last, First, Middle Initial)
C. MARK C KNUTSON

Mailing Address 19312 FAIRHAVEN EXT

City State Zip Code
 SANTA ANA CA 92705-6310

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

Name of Employer Occupation
 United HealthCare Services Inc VP Cust Service

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2119480230858

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **272.00**

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 38 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SANDY M LUEDKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1208 COPRINUS DR
 City GREEN BAY State WI Zip Code 54313-7286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119482230858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. HEATHER M MACE-MEADOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119482530858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JEFFREY S MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 SHEMIRAN ST
 City LA VERNE State CA Zip Code 91750-2380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119483030858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119485030858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119485230858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CYNTHIA ANN OTTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 O LEARY ROAD
 City NEENAH State WI Zip Code 54956-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Case Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119485430858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LYNDA A PAXSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 3924 E GARNET PL		Transaction ID : PR2119485830858
City HIGHLANDS RANCH	State CO	Zip Code 80126-5044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer United HealthCare Services Inc	Occupation Sr Field Acct Mgr	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 ▼ 375.00	

Full Name (Last, First, Middle Initial) B. MICHELLE LYNN PETERS		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 1128 COUNTRYSIDE DR		Transaction ID : PR2119486430858
City DE PERE	State WI	Zip Code 54115-1040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs	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 ▼ 225.00	

Full Name (Last, First, Middle Initial) C. AUSTIN T PITTMAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 14 LOCH RIDGE DRIVE		Transaction ID : PR2119486730858
City GREENSBORO	State NC	Zip Code 27408-3868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer United HealthCare Services Inc	Occupation Pres Ntwks	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2025.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CYNTHIA L POLICH
Full Name (Last, First, Middle Initial)

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718-3371

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

Name of Employer United HealthCare Services Inc Occupation M R Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119486830858

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 143 RUSTIC OAK DRIVE

City LUXEMBURG State WI Zip Code 54217-7320

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119487230858

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603-0621

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119487930858

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 268.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARILYNN D STYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6485 WAYFINDERS CT
 City CARLSBAD State CA Zip Code 92011-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119490730858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. CHERYL TANIGAWA MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5598 NAPLES CANAL
 City LONG BEACH State CA Zip Code 90803-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Entrprs Hlth Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119491130858
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. CHERYL A THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 FOREST DR
 City SOBIESKI State WI Zip Code 54171-9748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119491630858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. STEVEN M TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12331 COUNTRY LANE
 City SANTA ANA State CA Zip Code 92705-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119492030858
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

B. SUSAN VANASTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address W313 GOLDEN GLOW RD
 City KAUKAUNA State WI Zip Code 54130-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119492630858
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2119493530858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	312.00
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 44 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GREGORY WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 13901 MAUVE DRIVE

City SANTA ANA	State CA	Zip Code 92705-2649
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn Pres
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2119494130858

Amount of Each Receipt this Period

50.00

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

B. GEORGE M YOUNG
Full Name (Last, First, Middle Initial)
Mailing Address 36296 N 98TH WAY

City SCOTTSDALE	State AZ	Zip Code 85262-3138
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn Exec
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2119494430858

Amount of Each Receipt this Period

30.00

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

C. FORREST G BURKE
Full Name (Last, First, Middle Initial)
Mailing Address 380 LEAF STREET

City ORONO	State MN	Zip Code 55356-9733
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Pres PS Labor Trust
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2133132430858

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DANIEL M CUMMINGS
Full Name (Last, First, Middle Initial)

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105-1539

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2133132630858

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 4133 WHITE OAK LN

City EXCELSIOR State MN Zip Code 55331-5702

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2133133130858

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401-2452

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2133133230858

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... **156.92**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 164
(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)

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
 EDINA MN 55436-2530

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

Name of Employer Occupation
 United HealthCare Services Inc Regn Exec Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2133133630858

Amount of Each Receipt this Period
 70.00

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

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code
 DES PLAINES IL 60016-2119

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

Name of Employer Occupation
 United HealthCare Services Inc Pres Insurance Sols

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2895.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2133133830858

Amount of Each Receipt this Period
 386.00

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

Full Name (Last, First, Middle Initial)
C. KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City State Zip Code
 HOUSTON TX 77096-1510

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2133133930858

Amount of Each Receipt this Period
 30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City State Zip Code
 MINNEAPOLIS MN 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Financial Plng Anlys
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2133134230858
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIANE M SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City State Zip Code
 KINGWOOD TX 77339-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2133134630858
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City State Zip Code
 WESTERVILLE OH 43082-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2145728430858
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WAYNE MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 19521 SIERRA SOTO RD
City IRVINE State CA Zip Code 92603-3840
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Clnt Relationship
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2145729230858
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. LEAH C RUMMEL
Full Name (Last, First, Middle Initial)
Mailing Address 12100 TRAUTWEIN ROAD
City AUSTIN State TX Zip Code 78737-9358
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2145729530858
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

C. MICHAEL P SCHWARZ
Full Name (Last, First, Middle Initial)
Mailing Address 13935 WOODRIDGE PATH
City SAVAGE State MN Zip Code 55378-3155
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2145729730858
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 140.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 49 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code
 MINNETONKA MN 55345-5601

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2895.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2145729930858

Amount of Each Receipt this Period
 386.00

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

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

Mailing Address 44 TOPANGA

City State Zip Code
 IRVINE CA 92602-2422

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

Name of Employer Occupation
 United HealthCare Services Inc VP Actuary

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2145730230858

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
 IRVINE CA 92603-0212

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2884.50

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2162867630858

Amount of Each Receipt this Period
 384.60

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

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

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

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

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

FOR LINE NUMBER: PAGE 50 OF 164
(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. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2225166730858
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2225167430858
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.50

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2225813630858
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10140 26TH AVENUE NORTH

City State Zip Code
PLYMOUTH MN 55441-3226

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

Name of Employer Occupation
United HealthCare Services Inc Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR2225818430858

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 437 DRURY LANE

City State Zip Code
WYCKOFF NJ 07481-2204

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR2225818830858

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
PRIOR LAKE MN 55372-1834

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

Name of Employer Occupation
United HealthCare Services Inc SVP Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.50

Date of Receipt
MM / DD / YYYY
07 / 31 / 2013

Transaction ID : PR2225819330858

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....	454.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 164
(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)

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

Mailing Address 45 WESTMORELAND LN

City State Zip Code
 NAPERVILLE IL 60540-5817

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

Name of Employer Occupation
 United HealthCare Services Inc RVP Clnt Mgmt Svc

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2225819630858

Amount of Each Receipt this Period
 76.92

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code
 COLORADO SPRINGS CO 80921-7631

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Clnt Svc Acct Mgt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1153.80

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2225819730858

Amount of Each Receipt this Period
 153.84

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

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

Mailing Address 12642 CHIEFS COURT

City State Zip Code
 FISHERS IN 46037-9553

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

Name of Employer Occupation
 United HealthCare Services Inc VP Regl Affs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2231346930858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 258.76

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 53 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code
 INDIANAPOLIS IN 46256-8408

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

Name of Employer Occupation
 Golden Rule Financial Corp. Dir Ntwk Prgms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2231347230858

Amount of Each Receipt this Period
60.00

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

Full Name (Last, First, Middle Initial)
B. DARRELL S RICHEY

Mailing Address 10823 MOORS END CIRCLE

City State Zip Code
 FISHERS IN 46038-2612

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

Name of Employer Occupation
 Golden Rule Financial Corp. Deputy Gen Counsel Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2231352330858

Amount of Each Receipt this Period
160.00

P/R Deduction (\$80.00 Bi-Weekly)

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

Mailing Address 570 MONTCALM PL

City State Zip Code
 SAINT PAUL MN 55116-1730

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

Name of Employer Occupation
 United HealthCare Services Inc Chief Tech Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2247625830858

Amount of Each Receipt this Period
200.00

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

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 54 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City State Zip Code
 WHITE PLAINS NY 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 865.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2247626830858
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City State Zip Code
 MINNETRISTA MN 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2247627030858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City State Zip Code
 COS COB CT 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres Ntwk Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 865.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2247627330858
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	308.80
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 55 OF 164
(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. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **865.50**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2247627430858
 Amount of Each Receipt this Period **115.40**
 P/R Deduction (\$57.70 Bi-Weekly)

B. SANJAY GARODIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 MIDDLEDAUGH
 City CLARENDON HILLS State IL Zip Code 60514-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation COO IBS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2247627830858
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

C. DANIEL L OHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8970 MOOR PARK RUN
 City DULUTH State GA Zip Code 30097-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **403.80**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2247628030858
 Amount of Each Receipt this Period **53.84**
 P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	246.16
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 164
(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. JEFFREY J CRUMBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5800 GRANITE PARKWAY
 SUITE 900
 City PLANO State TX Zip Code 75024-6619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation M R Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2259635230858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOHN M PRINCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2259738430858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CHRISTOPHER L CRONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 CONGRESS
 SUITE 300
 City AUSTIN State TX Zip Code 78701-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2270522930858
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 298.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SIMON L STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1716 EMERSON AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55403-2906

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1630.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2364863230858

Amount of Each Receipt this Period

217.40

P/R Deduction (\$108.70 Bi-Weekly)

B. CAROLE D CURRY
Full Name (Last, First, Middle Initial)

Mailing Address 411 FLEECE FLOWER DRIVE

City	State	Zip Code
GAITHERSBURG	MD	20878-2646

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

Name of Employer	Occupation
United HealthCare Services Inc	Sr Proj Mgr II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2402315730858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. JEANNE M DE SA
Full Name (Last, First, Middle Initial)

Mailing Address 3000 TILDEN STREET NW #204-1

City	State	Zip Code
WASHINGTON	DC	20008-3017

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Rsch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2402315930858

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	345.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MJ FRASCINO
Full Name (Last, First, Middle Initial)
Mailing Address 7 PIONEER DRIVE
City ELLINGTON State CT Zip Code 06029-3221
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Mktg
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2402316530858
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. ANGELA DAWN KEPLEY CARRIER
Full Name (Last, First, Middle Initial)
Mailing Address 3219 PENINSULA DRIVE
City JAMESTOWN State NC Zip Code 27282-8717
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2402317730858
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. MARILYN LEVI-BAUMGARTEN
Full Name (Last, First, Middle Initial)
Mailing Address 4800 W 27TH ST
City SAINT LOUIS PARK State MN Zip Code 55416-1933
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2402317930858
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	108.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 164
(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. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2402318230858
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. MARIA MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7511 4TH AVENUE DRIVE NW
 City BRADENTON State FL Zip Code 34209-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2402318430858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. STACY S MCGRATH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 CHOWEN AVE S
 City EDINA State MN Zip Code 55410-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2402318530858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DIANE D SOUZA		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 3430 GALT OCEAN DRIVE UNIT 1111		Transaction ID : PR2402320030858
City FORT LAUDERDALE	State FL	Zip Code 33308-7047
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20	

Full Name (Last, First, Middle Initial) B. LORI SWEERE LILIENTHAL		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 5701 S JOSH WYATT DR		Transaction ID : PR2402320230858
City SIOUX FALLS	State SD	Zip Code 57108-5225
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 386.00
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2895.00	

Full Name (Last, First, Middle Initial) C. SHELLEY WIKE CRANLEY		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 3801 MAURICE COURT		Transaction ID : PR2402444430858
City LAS VEGAS	State NV	Zip Code 89108-5245
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	970.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DANIEL J WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5271 HEATHERTON LANE
 City State Zip Code
 HIGHLANDS RANCH CO 80130-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2402444630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JAY M ANLIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 MOUNTAIN LANE
 City State Zip Code
 WAUSAU WI 54401-8543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO TPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2402445030858
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAMES H BECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 378 FERNDAL ROAD WEST
 City State Zip Code
 WAYZATA MN 55391-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2402445130858
 Amount of Each Receipt this Period 307.70
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	375.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. JAMES C COLEMAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 4135 ETHAN DRIVE		Transaction ID : PR2402445230858
City EAGAN	State MN	Zip Code 55123-4908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer United HealthCare Services Inc	Occupation SVP Empl Rel	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. JAMES D DONOVAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 2816 MONTREAUX DRIVE		Transaction ID : PR2402445330858
City FRISCO	State TX	Zip Code 75034-1855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Dev Mktg	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

Full Name (Last, First, Middle Initial) C. JOHN L LARSEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 11688 TANGLEWOOD DRIVE		Transaction ID : PR2402445630858
City EDEN PRAIRIE	State MN	Zip Code 55347-4726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 386.00
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CEO	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2895.00	

SUBTOTAL of Receipts This Page (optional).....▶	716.00
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 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOY O HIGA		Date of Receipt
Mailing Address 2208 ELM AVENUE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MANHATTAN BEACH	CA	90266-2809
FEC ID number of contributing federal political committee.		Transaction ID : PR2402446230858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	P/R Deduction (\$30.00 Bi-Weekly)
United HealthCare Services Inc	Dir Regl Affs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. SOHINI G JINDAL		Date of Receipt
Mailing Address 9300 IVY TREE LANE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
GREAT FALLS	VA	22066-2206
FEC ID number of contributing federal political committee.		Transaction ID : PR2402446330858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. RUSSELL C PETRELLA		Date of Receipt
Mailing Address 4 GRAMERCY PARK WEST APT #2		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
NEW YORK	NY	10003-1717
FEC ID number of contributing federal political committee.		Transaction ID : PR2402446430858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Regn Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="460.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 4203 BRADLEY LANE

City State Zip Code
CHEVY CHASE MD 20815-5234

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2405428830858

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 406 LEWELEN CIRCLE

City State Zip Code
ENGLEWOOD NJ 07631-2021

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

Name of Employer Occupation
United HealthCare Services Inc Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2405430230858

Amount of Each Receipt this Period
80.00

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

Full Name (Last, First, Middle Initial)
C. PETER H WALSH

Mailing Address 495 HIGHCROFT ROAD

City State Zip Code
WAYZATA MN 55391-1548

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1455.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2405431130858

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional).....▶	658.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 164
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)
Mailing Address 105 N FLORENCE AVE
City LITCHFIELD PARK State AZ Zip Code 85340-4424
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Exec Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2408544830858
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. KATHLYN G WEE
Full Name (Last, First, Middle Initial)
Mailing Address 4118 38TH ST NW
City WASHINGTON State DC Zip Code 20016-2218
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP State SIs Optuml
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2408545030858
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. GAIL KOZIARA BOUDREAU
Full Name (Last, First, Middle Initial)
Mailing Address 841 HOLDEN COURT
City LAKE FOREST State IL Zip Code 60045-4913
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2884.65

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2437119530858
Amount of Each Receipt this Period 384.62
P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	464.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY SEAN CORZINE
Full Name (Last, First, Middle Initial)
Mailing Address 7649 EARLINGTON PARKWAY

City DUBLIN	State OH	Zip Code 43017-3424
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2437119730858

Amount of Each Receipt this Period

40.00

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

B. RITA FAYE JOHNSON-MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 9727 SKY LANE

City EDEN PRAIRIE	State MN	Zip Code 55347-3814
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2437120130858

Amount of Each Receipt this Period

30.00

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

C. JACK S WEISS
Full Name (Last, First, Middle Initial)
Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE	State AZ	Zip Code 85250-4621
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Shared Svs Regn CMO
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2437120530858

Amount of Each Receipt this Period

50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL JOSEPH BALTHAZOR
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
BROOKLYN PARK MN 55443-1754

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2437120730858

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
ROSEMOUNT MN 55068-3561

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2437121330858

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2437121530858

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	274.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS State MN Zip Code 55118-4137

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2437121630858

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS State MN Zip Code 55410-1857

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1725.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2437127530858

Amount of Each Receipt this Period
230.00

P/R Deduction (\$115.00 Bi-Weekly)

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

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.65

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2439928030858

Amount of Each Receipt this Period
384.62

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 654.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815-3720

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2444265730858

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 19705 LAKEVIEW AVENUE

City EXCELSIOR State MN Zip Code 55331-9351

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2445015330858

Amount of Each Receipt this Period
 384.60

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

C. DONALD S LANGER
Full Name (Last, First, Middle Initial)

Mailing Address 5110 OAK RAMBLING DRIVE

City KATY State TX Zip Code 77494-1971

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

Name of Employer United HealthCare Services Inc Occupation Plan Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2445015430858

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	624.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. NANCY A LIND
 Mailing Address 2703 NORTHVIEW LANE
 City State Zip Code
 CEDAR FALLS IA 50613-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2445016230858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LILLI ANN HIRSH
 Mailing Address 7379 DEVIN LANE
 City State Zip Code
 SHAKOPEE MN 55379-7029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2445016730858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARK J DUHAIME
 Mailing Address 5781 RUBY DRIVE
 City State Zip Code
 TROY MI 48085-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Info Tech
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2445016930858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
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 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. EILEEN J LIVERANI		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 100 BOSTOCK ROAD		Transaction ID : PR2460167230858
City SHOKAN	State NY	Zip Code 12481-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.40
Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service	P/R Deduction (\$27.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.50	

Full Name (Last, First, Middle Initial) B. DANIEL KRAJNOVICH		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 9958 BUTTOWNDOWN LANE		Transaction ID : PR2460167330858
City ZIONSVILLE	State IN	Zip Code 46077-8135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JUNE THIELEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 6245 WAKEFIELD COURT		Transaction ID : PR2460167530858
City SHAKOPEE	State MN	Zip Code 55379-7091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.60
Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital	P/R Deduction (\$13.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

SUBTOTAL of Receipts This Page (optional).....▶	123.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KARIN KEITEL		Date of Receipt
Mailing Address 3918 HAVEN ROAD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNETONKA	MN	55345-2371
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2460167630858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Bus Segment Gen Counsel	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) B. JELKA S PETROVIC		Date of Receipt
Mailing Address 4454 PEPPER MILL LANE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
ORION	MI	48359-2069
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2460168030858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Hlth Plan CEO	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. LARRY C RENFRO		Date of Receipt
Mailing Address 5 DOVE LANE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
ANDOVER	MA	01810-2845
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2460168130858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	EVP UHG CEO Optum	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2884.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="524.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 73 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City State Zip Code
 PLYMOUTH MN 55441-2229

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

Name of Employer Occupation
 United HealthCare Services Inc Optum Exec

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 577.50

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2460168230858

Amount of Each Receipt this Period
 77.00

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

Full Name (Last, First, Middle Initial)
B. ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City State Zip Code
 WEST BLOOMFIELD MI 48324-3081

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2463723130858

Amount of Each Receipt this Period
 64.00

P/R Deduction (\$32.00 Bi-Weekly)

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

Mailing Address 6359 COUNTRY ROAD

City State Zip Code
 EDEN PRAIRIE MN 55346-1342

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Process

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2463723430858

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 181.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD State PA Zip Code 19096-2511

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2480620530858

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER MARK ABBOTT

Mailing Address W154N6076 HICKORY HOLLOW CT

City MENOMONEE FALLS State WI Zip Code 53051-5891

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2484541530858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2484542130858

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	338.00
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 75 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317-7661

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

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2484542630858

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255-3932

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2486697830858

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-5258

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2486697930858

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	308.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 164
(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. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 WILDHURST ROAD
 City State Zip Code
 EXCELSIOR MN 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2491457030858
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. KATHRYN M SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 N LAKE SHORE DR # 2309
 City State Zip Code
 CHICAGO IL 60611-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2491457530858
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARTIN C TOOMB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 STANLEY TERRACE
 City State Zip Code
 DOVER NJ 07801-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2538641530858
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 424.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302-2533

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.75

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2540175330858

Amount of Each Receipt this Period
307.70

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

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

Mailing Address PO BOX 44246

City DENVER State CO Zip Code 80201-4246

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2541300430858

Amount of Each Receipt this Period
100.00

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

C. JOELLE M TIERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 1115 OAK WAY

City MADISON State WI Zip Code 53705-1420

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 31 / 2013
Transaction ID : PR2541300730858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	435.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.40

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2541300830858

Amount of Each Receipt this Period 192.32

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

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

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819-1734

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2542024530858

Amount of Each Receipt this Period 100.00

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

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W WINNEMAC AVE

City CHICAGO State IL Zip Code 60625-1817

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2542541930858

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2542542230858

Amount of Each Receipt this Period **100.00**

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

B. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2542542330858

Amount of Each Receipt this Period **60.00**

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

C. ANNE YAU
Full Name (Last, First, Middle Initial)

Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING State MD Zip Code 20902-4047

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2543582530858

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 80 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHANTA G COMBS
Full Name (Last, First, Middle Initial)
Mailing Address 4229 SUMMERTREE DRIVE
City TALLAHASSEE State FL Zip Code 32311-3331
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552313530858
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

B. JEANNE M PACE
Full Name (Last, First, Middle Initial)
Mailing Address 458 MORENO ROAD
City WYNNEWOOD State PA Zip Code 19096-1124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552313730858
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C. KEVIN BROOKS
Full Name (Last, First, Middle Initial)
Mailing Address 2750 FOUNTAIN LANE NORTH
City PLYMOUTH State MN Zip Code 55447-1705
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Mktg/Prod DB
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552961030858
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	182.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 81 OF 164
(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)

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

Mailing Address 20 VERMILION CLIFFS

City State Zip Code
 ALISO VIEJO CA 92656-8096

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2552961230858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEREMY VAUGHN BRYANT

Mailing Address 11700 ARBORHILL DRIVE

City State Zip Code
 ZIONSVILLE IN 46077-9683

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

Name of Employer Occupation
 United HealthCare Services Inc KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2552961330858

Amount of Each Receipt this Period
 70.00

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

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

Mailing Address 10051 VALLEY RIDGE COURT

City State Zip Code
 LAS VEGAS NV 89148-7602

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

Name of Employer Occupation
 Health Plan of Nevada Dir Apps Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2552962230858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552962330858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WILLIAM W GWINN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9302 CENTURY OAK COURT
 City BRENTWOOD State TN Zip Code 37027-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Rsch Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552962630858
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552962730858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 184.08
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. OREN J HERMEL
Full Name (Last, First, Middle Initial)

Mailing Address 7705 WALDEN BLVD

City WAUSAU	State WI	Zip Code 54401-9006
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2552962830858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. GREGORY J JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO	State FL	Zip Code 33774-1009
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2552963230858

Amount of Each Receipt this Period

78.00

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

C. JARRETT T JEDLICKA
Full Name (Last, First, Middle Initial)

Mailing Address 554 SPRUCE ST

City EAGAN	State MN	Zip Code 55123-4914
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2552963330858

Amount of Each Receipt this Period

80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	186.00
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 84 OF 164
(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. BRADLEY C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 SOUTHCREST DRIVE
 City State Zip Code
 EDINA MN 55435-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Process
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552963430858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. NARASIMHAN KIDAMBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18477 85TH AVE N
 City State Zip Code
 MAPLE GROVE MN 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Bus Anlys
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552963830858
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City State Zip Code
 PRIOR LAKE MN 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552964430858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHELLE MARTO		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR2552964730858
Mailing Address 149 WILLIAMSBURG COURT		Amount of Each Receipt this Period 28.00
City ALBANY	State NY	Zip Code 12203-5502
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CARL A MATTSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR2552964830858
Mailing Address 405 ELIZABETH COURT		Amount of Each Receipt this Period 28.00
City SCHENECTADY	State NY	Zip Code 12303-5276
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Dir Clnt Svc Acct Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. REBECCA BALLARD MCCABE		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : PR2552964930858
Mailing Address 111 CONNORS CIRCLE		Amount of Each Receipt this Period 28.00
City CARY	State NC	Zip Code 27511-6693
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation KA Sr Acct Exe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)
A. LESLIE K PAULUS

Mailing Address 305 E TUCKEY LN

City PHOENIX State AZ Zip Code 85012-1048

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2552965230858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GARY W PEKA

Mailing Address 1122 FALLS CURVE

City CHASKA State MN Zip Code 55318-1275

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

Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2552965330858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DONALD W POTTER JR

Mailing Address 116 FULLER LANE

City WINNETKA State IL Zip Code 60093-4213

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

Name of Employer United HealthCare Services Inc Occupation NA VP Clnt Relationship

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2552965430858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 87 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KRISTINE G SAMSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484-5835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552965730858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. THOMAS D SCIUTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 ACORN LANE
 City MILFORD State CT Zip Code 06461-1876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552966130858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. BARRY R STREIT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 KELLOGG AVENUE
 City EDINA State MN Zip Code 55424-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2552966730858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 184.00
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 88 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. ANN R TINKER
 Mailing Address 10809 GARDEN MIST DRIVE #1061
 City State Zip Code
 LAS VEGAS NV 89135-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regl Affs Sr Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552966830858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. THOMAS C VANDERHEYDEN
 Mailing Address 534 WAYZATA BLVD E
 City State Zip Code
 WAYZATA MN 55391-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Prod
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552966930858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. AARON C WACKER
 Mailing Address 4704 CAVAN ROAD
 City State Zip Code
 MOUND MN 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mgr Apps Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2552967030858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
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 89 OF 164
(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)

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

Mailing Address 14327 BLUEBIRD TRAIL NE

City State Zip Code
 PRIOR LAKE MN 55372-1204

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

Name of Employer Occupation
 United HealthCare Services Inc VP Cust Service

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2553474730858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MONICA L RAYBURN

Mailing Address 688 WEST SYCAMORE

City State Zip Code
 VERNON HILLS IL 60061-1084

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Clms

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2553475130858

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
C. ANDREW J SULLIVAN

Mailing Address 1101 ROSEWOOD DRIVE

City State Zip Code
 ATLANTA GA 30306-3554

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

Name of Employer Occupation
 United HealthCare Services Inc Bus Adv/Tech Cnslt Sr Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2553475330858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 164
(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)

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55419-1151

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2553475430858

Amount of Each Receipt this Period
194.00

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

Full Name (Last, First, Middle Initial)
B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424-1304

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Initiv Clin Aff

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **2895.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2553475530858

Amount of Each Receipt this Period
386.00

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

Full Name (Last, First, Middle Initial)
C. DANIEL J ZERAF A

Mailing Address 61234 ADMIRAL DRIVE

City State Zip Code
 WASHINGTON TOWNSHIP MI 48094-1242

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

Name of Employer Occupation
 United HealthCare Services Inc VP IT

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2553475730858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **608.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. COLLEEN C COHAN
Full Name (Last, First, Middle Initial)

Mailing Address 17402 SAINT THERESA DRIVE

City OLNEY	State MD	Zip Code 20832-2547
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2554012730858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. DINO J COLALUCA
Full Name (Last, First, Middle Initial)

Mailing Address 23314 EVAN COURT NORTH

City NEW BOSTON	State MI	Zip Code 48164-8507
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2554012830858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. SHELLY A ESPINOSA
Full Name (Last, First, Middle Initial)

Mailing Address 4060 WHITE OAK LANE

City EXCELSIOR	State MN	Zip Code 55331-7753
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Found/Social Resp
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2554012930858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 92 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2554013030858
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PATRICK J MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2554013130858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS W MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Sr SIs Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2554013230858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 93 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. GREGORY D REIDY

Mailing Address 1016 BLAKEFIELD DRIVE

City State Zip Code
 BRENTWOOD TN 37027-8479

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2554013330858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ASIR U AHMAD

Mailing Address 1935 HILLWOOD DRIVE

City State Zip Code
 BLOOMFIELD HILLS MI 48304-2420

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2560064030858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOY L ALEXANDER

Mailing Address 5116 NORTH TIOGA WAY

City State Zip Code
 LAS VEGAS NV 89149-5830

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

Name of Employer Occupation
 Health Plan of Nevada Assc Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2560064130858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JIM L BENNETT
Full Name (Last, First, Middle Initial)
Mailing Address 3724 PINE TIP ROAD
City TALLAHASSEE State FL Zip Code 32312-1016
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560064230858
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

B. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)
Mailing Address 7756 N 85TH STREET
City OMAHA State NE Zip Code 68122-1281
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560064430858
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

C. CRAIG W GAGE
Full Name (Last, First, Middle Initial)
Mailing Address 275 BAYSHORE BLVD UNIT 1407
City TAMPA State FL Zip Code 33606-2331
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560064730858
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. PAULA A GAZELEY
 Mailing Address 36 MAYFAIR ROAD
 City State Zip Code
 WYNANTSKILL NY 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Strat Clnt Exec EmpireRx
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560064830858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD J GIANCURSIO
 Mailing Address 72 MIDNIGHT RIDGE DR
 City State Zip Code
 LAS VEGAS NV 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Plan of Nevada Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2895.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560064930858
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI L JONES
 Mailing Address 512 W ORANGEWOOD AVE
 City State Zip Code
 PHOENIX AZ 85021-7252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560065130858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 492.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2560065430858

Amount of Each Receipt this Period
 194.00

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

B. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

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

Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2560065530858

Amount of Each Receipt this Period
 194.00

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

C. JEFFREY D LUCHT
Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073-3004

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : PR2560065630858

Amount of Each Receipt this Period
 194.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 582.00

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 97 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEVIN MICHAEL MARONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5052 NORMAN DRIVE
 City MINNETONKA State MN Zip Code 55345-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560065730858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DAVID MILICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560066030858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM B O'BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 22191 WESTCLIFF
 City MISSION VIEJO State CA Zip Code 92692-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560066130858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 98 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICHARD A PERRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9502 MANY MILE MEWS
 City COLUMBIA State MD Zip Code 21046-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560066230858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DONALD G ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 LANTERN LANE
 City MAYNARD State MA Zip Code 01754-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir of AM producing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560066530858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DENISE VAIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CLEVELAND AVENUE
 City SAYVILLE State NY Zip Code 11782-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560066830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 99 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. DEBRA C COLLINS
 Mailing Address 3862 CARRIAGE HILL DRIVE
 City State Zip Code
 FREDERICK MD 21704-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Prgms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560398030858
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KRISTA J DICKMAN
 Mailing Address 2533 ONYX DRIVE
 City State Zip Code
 SHAKOPEE MN 55379-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Proj Mgr III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560398130858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. GEORGE N KOREAN
 Mailing Address 6 VERANO
 City State Zip Code
 FOOTHILL RANCH CA 92610-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2560398530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 100 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. TIMOTHY J NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410-1968

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

Name of Employer Occupation
 United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2560398830858

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 20700 DELTA DRIVE

City State Zip Code
 GAITHERSBURG MD 20882-1121

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2560821130858

Amount of Each Receipt this Period
 76.92

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

Full Name (Last, First, Middle Initial)
C. PATRICK J O'BRIEN

Mailing Address 33 BARRINGTON DRIVE

City State Zip Code
 BEDFORD NH 03110-5601

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2560821430858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.92

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

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

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

FOR LINE NUMBER: PAGE 101 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. MARIE A PERO
 Mailing Address 516 APPLE LANE
 City HARLEYSVILLE State PA Zip Code 19438-2549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560821530858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOY M STEPHENS
 Mailing Address 7320 YORK AVE N
 City BROOKLYN PARK State MN Zip Code 55443-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2560821630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BRIAN W LUND
 Mailing Address 464 EAST NORTH AVE
 City GRANTSBURG State WI Zip Code 54840-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2561457630858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
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 102 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KEITH A VOLLBERG		Date of Receipt
Mailing Address 1001 NANDINA DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Transaction ID : PR2563207730858
WESTON	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="28.00"/>
	33327-2481	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LARRY W CAVANAUGH		Date of Receipt
Mailing Address 520 NE 20TH ST # 1010		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Transaction ID : PR2563211030858
WILTON MANORS	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="78.00"/>
	33305-2162	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Spc Ben Govt Dntl Sls Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="585.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHLEEN R CRAMPTON		Date of Receipt
Mailing Address 2335 SOUTH OCEAN BLVD B5		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Transaction ID : PR2563211130858
PALM BEACH	FL	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="200.00"/>
	33480-5368	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Plan Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="306.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JACQULYN M BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 112 TH COURT WEST
 City State Zip Code
 INVER GROVE HEIGHTS MN 55077-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2563211230858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 4TH STREET NORTH
 City State Zip Code
 ARLINGTON VA 22201-1614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564296830858
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ARTHUR R MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 ASHINGTON LANDING DRIVE
 City State Zip Code
 TAMPA FL 33647-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564296930858
 Amount of Each Receipt this Period
 333.34
 P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	555.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ANDREW C MACKENZIE		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 1912 IRVING AVE S		Transaction ID : PR2564297130858
City MINNEAPOLIS	State MN	Zip Code 55403-2823
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CMO	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. STEPHEN E SWANSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 3001 HUNTINGTON COURT		Transaction ID : PR2564297330858
City KATY	State TX	Zip Code 77493-1159
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. HARVEY J BALTHASER		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 11417 ARCHSTONE DR		Transaction ID : PR2564297530858
City AUSTIN	State TX	Zip Code 78739-1907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

SUBTOTAL of Receipts This Page (optional).....▶	356.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. STEVEN C WALLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18615 CHARLEVOIX LANE
 City State Zip Code
 CHESTERFIELD MO 63005-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564297630858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ELLEN L DAMATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 DALHART DRIVE
 City State Zip Code
 ALLEN TX 75013-5339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Contrctng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564802230858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOSH A WILLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 ADAMS CT
 City State Zip Code
 COLLEYVILLE TX 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP SIs Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564802530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 106 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER CHARLES CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 12801 OVERLOOK ROAD

City DAYTON	State MN	Zip Code 55327-9678
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2564802630858

Amount of Each Receipt this Period

40.00

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

B. PAUL DANIEL HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE	State MN	Zip Code 55311-4585
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Controller Mkt Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1455.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2564802730858

Amount of Each Receipt this Period

194.00

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

C. MARYELLEN GOODWIN
Full Name (Last, First, Middle Initial)

Mailing Address 1678 BRIDGEWATER DRIVE

City LAKE MARY	State FL	Zip Code 32746-4103
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2564802930858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	262.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2564803130858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2564803230858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2564803330858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DARREN C MOQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 NICOLLET MALL #507
 City State Zip Code
 MINNEAPOLIS MN 55403-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564803430858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MARK BELLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 VAN WINKLE LN
 City State Zip Code
 AUSTIN TX 78739-1694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP Sls Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564803530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LISA R WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 PARK BLVD
 City State Zip Code
 CHERRY HILL NJ 08002-3715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Prod Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2564803730858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 109 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
BROOKEVILLE MD 20833-3265

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2564803930858

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4350

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

Name of Employer Occupation
United HealthCare Services Inc Chief Complnc/Ethics Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1455.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2564804030858

Amount of Each Receipt this Period
194.00

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

Full Name (Last, First, Middle Initial)
C. BARRY HOFER

Mailing Address 10464 SHELTER GROVE

City State Zip Code
EDEN PRAIRIE MN 55347-4855

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 31 / 2013

Transaction ID : PR2564804130858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KATHRYN S RUBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2564804330858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. JARROD A FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PARK FOREST DRIVE
 City CHESTERFIELD State MO Zip Code 63017-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2564804530858
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. DONNA M CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10761 INDEPENDENCE WAY
 City CARMEL State IN Zip Code 46032-9333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2565448830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	302.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. NORINE YUKON
 Mailing Address 5118 MANSFIELD VIEW COURT
 City State Zip Code
 AUSTIN TX 78732-1854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Plan Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2565449030858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. NEIL A MANSUKHANI
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City State Zip Code
 WESTON FL 33331-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB Dir PEO Sls
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2567129430858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DENISE V ZAMORE
 Mailing Address 12 NOLAN CIRCLE
 City State Zip Code
 MANCHESTER CT 06042-1777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2567129530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
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 112 OF 164
<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. WENDY D ARNONE
Full Name (Last, First, Middle Initial)
Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS	State WI	Zip Code 53051-8335
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2568900530858

Amount of Each Receipt this Period

100.00

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

B. MATTHEW H STEARNS
Full Name (Last, First, Middle Initial)
Mailing Address 5131 MASSACHUSETTS AVENUE

City BETHESDA	State MD	Zip Code 20816-2739
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Comm
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2571777930858

Amount of Each Receipt this Period

78.00

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

C. CHRISTOPHER A PARRILLO
Full Name (Last, First, Middle Initial)
Mailing Address 9501 WEXCROFT DRIVE

City BRENTWOOD	State TN	Zip Code 37027-3824
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Contrctng
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2571778230858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	206.00
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 113 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. BRUCE E MOYER
 Mailing Address 18426 MAGENTA BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2571778330858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JAMES E BAKER
 Mailing Address 215 FORREST LAKE ROAD
 City State Zip Code
 ALPHARETTA GA 30022-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Sr Acct Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572588730858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RICHARD A ELLIOTT
 Mailing Address 715 WOODSCAPE TRAIL
 City State Zip Code
 ALPHARETTA GA 30022-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572588830858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
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 114 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARCUS A ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 595 JEFFERSON CHASE ST
 City ATLANTA State GA Zip Code 30354-2879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB Mgr Sls Producing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572588930858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ANNEMARIE L HARTWIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9432 W 157TH PLACE
 City OVERLAND PARK State KS Zip Code 66221-7819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572589230858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. SHAUN R JACQUET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4332 FOREST RIDGE DRIVE
 City SUAMICO State WI Zip Code 54313-8557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572589330858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
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 115 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY P DEAN
 Full Name (Last, First, Middle Initial)
 Mailing Address W5912 DEAN ROAD
 City TOMAHAWK State WI Zip Code 54487-8314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572589430858
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. THOMAS E SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 EAST AVENUE NORTH
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572589530858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOSEPH A GRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19480 ELBERT POINT
 City EXCELSIOR State MN Zip Code 55331-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2572589830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 136.00
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 116 OF 164
(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. KEVIN JAMES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 WEST SUNNYSLOPE ROAD
 City State Zip Code
 EDINA MN 55424-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Chief of Staff
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572590030858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CHARLES WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2747 WEST VIEW DRIVE
 City State Zip Code
 NEW PRAGUE MN 56071-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Strat Clnt Rel Ex Optuml
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572590130858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CHRISTINE OBRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 764 TOPAZ STREET
 City State Zip Code
 NEW ORLEANS LA 70124-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB KA Dir Sls AM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572590630858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
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 117 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. JAMES R HARGIS

Mailing Address 1820 ROSEDALE

City State Zip Code
 EDMOND OK 73013-6638

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

Name of Employer Occupation
 United HealthCare Services Inc Mgr Pharm Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2572590730858

Amount of Each Receipt this Period
 30.00

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

Full Name (Last, First, Middle Initial)
B. THERESA M CLARKE

Mailing Address 16652 1/2 GRAND AVE

City State Zip Code
 BELLFLOWER CA 90706-5038

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Clin Qlty

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2572591130858

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
C. KIMBERLEY S MILLER

Mailing Address 16 CELONOVA PLACE

City State Zip Code
 FOOTHILL RANCH CA 92610-1942

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Underwriting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 07 / 31 / 2013
Transaction ID : PR2572591230858

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.00

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 118 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. WEI SUN
 Mailing Address 7049 FIRENZA PL
 City State Zip Code
 DUBLIN OH 43016-6199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572591330858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. THOMAS P WIFFLER
 Mailing Address 1421 SOMERFIELD DRIVE
 City State Zip Code
 BOLINGBROOK IL 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Chief Field Ops Off
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2572992730858
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL L BENSON
 Mailing Address 2206 EAGLE VALLEY LN
 City State Zip Code
 WAUSAU WI 54403-8154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Sls Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2573518930858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 119 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL J MCGINNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 MCINDOE ST
 City WAUSAU State WI Zip Code 54403-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **585.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2573519030858
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN C SICKELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 TALL OAKS
 City WAUSAU State WI Zip Code 54403-8118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation TPA NA VP Sls AM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **585.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2573519130858
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

C. LESLIE C HARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Clms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2574979430858
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **184.00**
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 120 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. JAMIE BURNETT

Mailing Address 4625 EWING AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410-1745

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

Name of Employer Occupation
 United HealthCare Services Inc VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2574988230858

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. LORI A VAN HOLMES

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55409-1423

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Human Capital Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575030930858

Amount of Each Receipt this Period
194.00

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

Full Name (Last, First, Middle Initial)
C. JEFFREY L MADDOX

Mailing Address 207 MARY WIL CT

City State Zip Code
 GREENSBORO NC 27455-2262

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

Name of Employer Occupation
 United HealthCare Services Inc SB VP SIs Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575039530858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. HOWARD C MARGOLIES		Date of Receipt
Mailing Address ONE PAGE DRIVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
MIDDLETOWN	NJ	07701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575050330858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SB VP Sls Acct Mgmt	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) B. CARY J MCCARTY		Date of Receipt
Mailing Address 8800 RUMFIELD RD		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTH RICHLAND HILLS	TX	76182-6131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575059430858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Gen Mgmt	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

Full Name (Last, First, Middle Initial) C. MARK T ALLEN		Date of Receipt
Mailing Address 11359 ENTREVAUX DRIVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347-2862
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575060230858
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Chief of Staff	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 122 OF 164
(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)

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

Mailing Address 3315 IRVING AVE

City State Zip Code
 MINNEAPOLIS MN 55408-3321

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

Name of Employer Occupation
 United HealthCare Services Inc Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575099230858

Amount of Each Receipt this Period
32.00

P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. PHEBE M CHAMPION

Mailing Address 5124 WEDMORE CT

City State Zip Code
 NORTH LAS VEGAS NV 89031-0364

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

Name of Employer Occupation
 Health Plan of Nevada Assc Dir Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575108330858

Amount of Each Receipt this Period
50.00

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

Full Name (Last, First, Middle Initial)
C. SCOTT THOMAS LYDON

Mailing Address 2 PLOWBOY PATH

City State Zip Code
 COMMACK NY 11725-1410

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

Name of Employer Occupation
 United HealthCare Services Inc KA Dir Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575122230858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

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

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

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

FOR LINE NUMBER: PAGE 123 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. ZOE C HUNT

Mailing Address 4030 SERANGO COURT

City WEST LINN State OR Zip Code 97068-2840

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

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575136230858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SCOTT G CASSANO

Mailing Address 8113 BANDOLEER CT

City LAS VEGAS State NV Zip Code 89131-4561

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

Name of Employer Health Plan of Nevada Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575164430858

Amount of Each Receipt this Period
200.00

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

Full Name (Last, First, Middle Initial)
C. KRISTIN MOORE

Mailing Address 9465 DARTRIDGE DRIVE

City DALLAS State TX Zip Code 75238-1873

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575194430858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **256.00**

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 124 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL PATRICK STAMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 MOSSY GLEN DR
 City State Zip Code
 FORT MYERS FL 33908-4771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575194630858
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. HOWARD CHARLES GILPIN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 SHEPARD DRIVE
 City State Zip Code
 BLUE BELL PA 19422-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Act Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575224930858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. SUSAN A KIRKPATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 STERLING STREET
 City State Zip Code
 LANCASTER MA 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575233630858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	186.00
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 125 OF 164
(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. THOMAS G RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 GROOMSBRIDGE ROAD
 City State Zip Code
 JOHNS CREEK GA 30022-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Empl Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575238630858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. STEPHEN W WILKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 POLARIS DRIVE
 City State Zip Code
 BAHAMA NC 27503-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Sls Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575253130858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. TERRY R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11856 NW 12TH MANOR
 City State Zip Code
 CORAL SPRINGS FL 33071-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Dir Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575279230858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
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 126 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SAMANTHA ANN MARCARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 CAMP INDIANHEAD ROAD
 City LAND O LAKES State FL Zip Code 34639-5268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575287830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOHN J ESSLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 W 151ST TERRACE
 City LEAWOOD State KS Zip Code 66224-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575288930858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CLARE B GROCHOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 ALAPOCAS DRIVE
 City WILMINGTON State DE Zip Code 19803-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575300130858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 127 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID W WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2158 CARROLL AVENUE
 City SAINT PAUL State MN Zip Code 55104-5042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575312730858
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575326930858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL J TELESKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575350930858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 256.00
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 128 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GREGORIO CORTEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7201 RANCH RD 2222
 APT 2322
 City AUSTIN State TX Zip Code 78730-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575394330858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LINDA LOUISE POST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 JAYCOX ROAD
 City GALENA State OH Zip Code 43021-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575395230858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. JERI L LOSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9995 DELL ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575419830858
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	258.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFERSON B WALTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8308 CEDAR HILL ROAD
 City WAYNESVILLE State OH Zip Code 45068-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575445830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LOUIS FLOCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7353 EAST SKYLINE DRIVE
 City ORANGE State CA Zip Code 92867-6451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575448630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CLINTON V WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 2647 N SOUTHPORT
 City CHICAGO State IL Zip Code 60614-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575490930858
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
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 130 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHELE RAMIREZ
Full Name (Last, First, Middle Initial)

Mailing Address 37 CALAIS ROAD

City RANDOLPH State NJ Zip Code 07869-3531

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575502430858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. DEBORAH A SUNDAL
Full Name (Last, First, Middle Initial)

Mailing Address 5109 WEST 66TH ST

City EDINA State MN Zip Code 55439-1429

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575502930858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. MOLLY E JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2809

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575521730858

Amount of Each Receipt this Period **384.00**

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **440.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. PAUL B HEBERT

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074-2957

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

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens Dntl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575522330858

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ERIC J KAPLAN

Mailing Address 193 PARTRIDGE LANDING

City GLASTONBURY State CT Zip Code 06033-2849

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

Name of Employer United HealthCare Services Inc Occupation NA VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575524030858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 9557 WOODRIDGE CIRCLE

City EDEN PRAIRIE State MN Zip Code 55347-2744

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : PR2575528130858

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.00
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 132 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. AMY LYNN BALCK
 Full Name (Last, First, Middle Initial)
 Mailing Address W1936 CTY S
 City FREEDOM State WI Zip Code 54130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Mgr Mkt Svc Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575548430858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JULIE T SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 271 NW 42ND AVE
 City COCONUT CREEK State FL Zip Code 33066-1823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Pricing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575578030858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. BEVERLY J COURNOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5333 PAINTED MIRAGE RD
 City LAS VEGAS State NV Zip Code 89149-0309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575582630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 133 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575585630858

Amount of Each Receipt this Period **78.00**

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

B. DEBORAH A JORGE
Full Name (Last, First, Middle Initial)

Mailing Address 140 OLD BAY RD

City BELCHERTOWN State MA Zip Code 01007-9348

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

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575593630858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. JAN LOUISE HENRY
Full Name (Last, First, Middle Initial)

Mailing Address 116 KANAPUU PLACE

City KAILUA State HI Zip Code 96734-4186

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

Name of Employer United HealthCare Services Inc Occupation Dir Compli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575636830858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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 134 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TERRENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575636930858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. NEIL P COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8465 MISSION HILLS LANE
 City CHANHASSEN State MN Zip Code 55317-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575637630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. NANCY J SUBLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 CLARA #24
 City SAINT LOUIS State MO Zip Code 63112-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575646930858
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 322.00
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 135 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RONALD MICHAEL GONG
Full Name (Last, First, Middle Initial)

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

Name of Employer United HealthCare Services Inc Occupation M R Sls Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575651530858

Amount of Each Receipt this Period **78.00**

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

B. JENNY A HAYHURST
Full Name (Last, First, Middle Initial)

Mailing Address 23A MOUNT HYGEIA ROAD

City FOSTER State RI Zip Code 02825-1434

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575651830858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. CARL E ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575669330858

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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 136 OF 164
<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. CHRIS J STIDMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6504 CHEROKEE TRAIL

City EDINA	State MN	Zip Code 55439-1109
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Med Clin Ops
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2575683830858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. STEPHEN J FARRELL
Full Name (Last, First, Middle Initial)

Mailing Address 50 MAJOR DOANE RD

City WELLFLEET	State MA	Zip Code 02667-7836
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2575696230858

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. STEVEN CHARLES FELTON
Full Name (Last, First, Middle Initial)

Mailing Address 6837 29TH AVE NE

City SEATTLE	State WA	Zip Code 98115-7236
-----------------	-------------	------------------------

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

Name of Employer Optum Clinical Services INC	Occupation Mgr Nurse Pract
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : PR2575701130858

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	96.00
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 137 OF 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MARK J BERNAUER		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 5512 LOWELL AVE		Transaction ID : PR2575718130858
City INDIANAPOLIS	State IN	Zip Code 46219-5810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation Sr Hlth Economics Rscher	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. CARLOS E ADAME		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 42584 WHISTLE COURT		Transaction ID : PR2575755430858
City TEMECULA	State CA	Zip Code 92592-7105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) C. HERBERT R DOMER		Date of Receipt MM / DD / YYYY 07 / 31 / 2013
Mailing Address 2715 IONE COURT		Transaction ID : PR2575756030858
City COLUMBUS	State OH	Zip Code 43235-2810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation Dir IT DT Analytics	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 138 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOSEPH MILES
Full Name (Last, First, Middle Initial)
Mailing Address 2800 N US 31
UNIT 1
City ALANSON State MI Zip Code 49706
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation Mktg Cnslt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575770930858
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

B. MATTHEW D MONTOYA
Full Name (Last, First, Middle Initial)
Mailing Address 12370 BRADFORD DR
City PARKER State CO Zip Code 80134-3609
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation KA Mgr Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR257577630858
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. PRADEEP KANDI
Full Name (Last, First, Middle Initial)
Mailing Address 968 CONDOR DR
City COPPELL State TX Zip Code 75019-5985
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation Mgr IT Architecture
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575797430858
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 84.00
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 139 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. DARREL A FARKUS
 Mailing Address 15 WHITE OAK DRIVE
 City ASBURY State NJ Zip Code 08802-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2575797530858
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LAURIE ERIN RUSSELL
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2575812130858
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. WENDY M SMITH
 Mailing Address 1512 BLUEBONNET LN
 City AUSTIN State TX Zip Code 78704-2854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : PR2575826730858
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **184.00**
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 140 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. EDWARD JOHN SKOPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 JOEL DR
 City HEBRON State CT Zip Code 06248-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575842730858
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City MAPLE GROVE State MN Zip Code 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Accting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.85

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575865330858
 Amount of Each Receipt this Period 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

C. GLENN LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 NORTH TUMBLEWEED TRAIL
 City AUSTIN State TX Zip Code 78733-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575882830858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.78
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 164
(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)

Full Name (Last, First, Middle Initial)
A. PAMELA LIPPITT
 Mailing Address 944 RILEY WILLS ROAD
 City State Zip Code
 LEBANON OH 45036-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575884430858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. PATRICK J LANGAN
 Mailing Address 405 MEADOW LANE
 City State Zip Code
 BENSON MN 56215-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1455.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575885030858
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL W MEDEIROS
 Mailing Address 7112 LANGMUIR DRIVE
 City State Zip Code
 MCKINNEY TX 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Clnt Mgmt NA Accts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2575930630858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5056 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-1035

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

Name of Employer United HealthCare Services Inc Occupation Dir Human Capital Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575940230858

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. MARC T SALINAS
Full Name (Last, First, Middle Initial)

Mailing Address 1630 ROCK RIDGE DRIVE

City PROSPER State TX Zip Code 75078-9728

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575967930858

Amount of Each Receipt this Period **78.00**

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

C. JUDITH GAGER PERLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 116 CANTERBURY LANE
PO BOX 2108

City VINEYARD HAVEN State MA Zip Code 02568-5659

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 31 / 2013**

Transaction ID : PR2575968930858

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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 143 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5360 ANACALA CT

City WESTERVILLE State OH Zip Code 43082-8352

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	3		

Transaction ID : PR2575977930858

Amount of Each Receipt this Period

2	8	0	0
---	---	---	---

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARK LEENAY

Mailing Address 17882 BEARPATH TRAIL

City EDEN PRAIRIE State MN Zip Code 55347-3448

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

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	3		

Transaction ID : PR2575982830858

Amount of Each Receipt this Period

7	8	0	0
---	---	---	---

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

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

Mailing Address 3429 CRESTMOOR ALCOVE

City WOODBURY State MN Zip Code 55125-5033

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	3		

Transaction ID : PR2575986430858

Amount of Each Receipt this Period

2	8	0	0
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P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 144 OF 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CAROL ANN CHURCHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 BATTALION WAY
 City MOUNT JULIET State TN Zip Code 37122-6135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575988330858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. PAMELA J GOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8370 DYNASTY WAY
 City SALT LAKE CITY State UT Zip Code 84121-6089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2575988630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MARC R BRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 RED TREE CT
 City DRAPER State UT Zip Code 84020-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576001630858
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
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 145 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN EDWARD SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4574 VIA DON LUIS
 City NEWBURY PARK State CA Zip Code 91320-6905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576018630858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KIMBERLY K SONERHOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 7210 HEGGIE AVE
 City LAS VEGAS State NV Zip Code 89131-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576033230858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LAURA L STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4644 VENETO DRIVE
 City FRISCO State TX Zip Code 75033-7135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contractng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576045130858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 146 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL R GROENENDAAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 N EUCLID
 City OAK PARK State IL Zip Code 60302-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Exe Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576046230858
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. RESTOR JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1455.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576051630858
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JOHN F REX
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2895.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2576060030858
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 608.00
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 147 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANN M OHARA-FRYKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10301 CEDAR LAKE RD #117
 City State Zip Code
 MINNETONKA MN 55305-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576067530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ROBERT E COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 BITTERNUT ROAD
 City State Zip Code
 MOUNT WOLF PA 17347-9694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Mktg
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576095930858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. NATHAN R KIEWEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City State Zip Code
 HUTCHINSON MN 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Entrprs Res Plng Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576117530858
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 148 OF 164
(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. CHANDRA LUE TORGERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 10TH AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55417-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576128630858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. TERRI M JACQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10508 MORNING DROP AVE
 City State Zip Code
 LAS VEGAS NV 89129-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Plan of Nevada Assc Dir Preservice Review
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576132430858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN E FRIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 PENFIELD DR
 City State Zip Code
 CAROL STREAM IL 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB NA VP Sis/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : PR2576147530858
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DANIEL J KENIRY
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207-1525

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1836.22

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2577379330858

Amount of Each Receipt this Period 575.22

P/R Deduction (\$287.61 Bi-Weekly)

B. PHIL KRAUSE
Full Name (Last, First, Middle Initial)

Mailing Address 326 LAKEWOOD

City BLOOMFIELD HILLS State MI Zip Code 48304-3533

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2578742130858

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. MARIANNE D SHORT
Full Name (Last, First, Middle Initial)

Mailing Address 2215 SUMMIT AVENUE

City SAINT PAUL State MN Zip Code 55105-1002

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.22

Date of Receipt 07 / 31 / 2013
Transaction ID : PR2601133530858

Amount of Each Receipt this Period 769.22

P/R Deduction (\$384.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1372.44
TOTAL This Period (last page this line number only).....▶	43792.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36195640

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Miller For Congress

Mailing Address PO Box 126

City State Zip Code
Pensacola FL 32591

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Jeff Miller

Office Sought: House
 Senate
 President
State: FL District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36195642

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Reclaim America PAC

Mailing Address 228 S Washington Street, Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Reclaim America PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36252162

Amount of Each Disbursement this Period

Contribution

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)

Full Name (Last, First, Middle Initial)

A. Republican Party of Wisconsin - Federal Account

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36281849

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Republican Party of Wisconsin - Federal Account

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36281850

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Sen. Kelly A. Ayotte

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36307995

Amount of Each Disbursement this Period

Contribution

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)

Full Name (Last, First, Middle Initial)

A. Moderate Democrats PAC

Mailing Address 303 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

Moderate Democrats PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36307996

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Linda T. Sanchez

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36307997

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Pryor For US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement Contribution

011

Candidate Name

Sen. Mark L. Pryor

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36315232

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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)

Full Name (Last, First, Middle Initial)

A. The Grassley Committee, Inc.

Mailing Address P.O. Box 6193

City Alexandria State VA Zip Code 22306-0193

Purpose of Disbursement
Void - Check dated 04.15.2008

011

Candidate Name
Charles E. Grassley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36342911

Amount of Each Disbursement this Period

-2000.00

Void - Check dated 04.15.2008

Full Name (Last, First, Middle Initial)

B. Mike McMahon For Congress

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement
Void - Check dated 07.18.2008

011

Candidate Name
Mr. Michael McMahon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36342912

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 07.18.2008

Full Name (Last, First, Middle Initial)

C. Citizens for Arlen Specter

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - Check dated 08.19.2008

011

Candidate Name
Sen. Arlen Specter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36342914

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 08.19.2008

SUBTOTAL of Disbursements This Page (optional)..... ▶

-4000.00

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)

Full Name (Last, First, Middle Initial)

A. Putnam For Congress

Mailing Address Post Office Box 2257

City State Zip Code
Bartow FL 33831

Purpose of Disbursement
Void - Check dated 10.17.2008

011

Candidate Name
Rep. Adam H. Putnam

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354119

Amount of Each Disbursement this Period

-2500.00

Void - Check dated 10.17.2008

Full Name (Last, First, Middle Initial)

B. Sires For Congress

Mailing Address 6050 Blvd. East
Apt. 6b

City State Zip Code
West New York NJ 07093

Purpose of Disbursement
Void - Check dated 05.18.2009

011

Candidate Name
Albio Sires

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354127

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 05.18.2009

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

-3500.00

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

15500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. Kevin L. Boyce for City Council Committee

Mailing Address 250 West St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Void - Check dated 10.10.2007

011

Candidate Name

Kevin L Boyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36342908

Amount of Each Disbursement this Period

-	5	0	0	.	0	0
---	---	---	---	---	---	---

Void - Check dated 10.10.2007

Full Name (Last, First, Middle Initial)

B. Citizens for Qualls

Mailing Address 811 Race St. #300

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
Void - Check dated 10.10.2007

011

Candidate Name

Roxanne Qualls

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36342909

Amount of Each Disbursement this Period

-	5	0	0	.	0	0
---	---	---	---	---	---	---

Void - Check dated 10.10.2007

Full Name (Last, First, Middle Initial)

C. Dawna Dukes Campaign

Mailing Address PO Box 14645

City Austin State TX Zip Code 78761

Purpose of Disbursement
Void - Check dated 02.26.2008

011

Candidate Name

TX Rep. Dawna Dukes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36342910

Amount of Each Disbursement this Period

-	5	0	0	.	0	0
---	---	---	---	---	---	---

Void - Check dated 02.26.2008

SUBTOTAL of Disbursements This Page (optional)..... ▶

-	1	5	0	.	0	0
---	---	---	---	---	---	---

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

-	1	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Dan Gibbs

Mailing Address P.O. Box 7566

City Silverthorne State CO Zip Code 80498

Purpose of Disbursement
Void - Check dated 08.06.2008

011

Candidate Name

CO Sen. Dan Gibbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36342913

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 08.06.2008

Full Name (Last, First, Middle Initial)

B. Dan Stewart for State Representative

Mailing Address 363 Demorest Road

City Columbus State OH Zip Code 43204

Purpose of Disbursement
Void - Check dated 09.19.2008

011

Candidate Name

OH Rep. Daniel Stewart

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		9	1		2	0	1	3

Transaction ID : 36354114

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 09.19.2008

Full Name (Last, First, Middle Initial)

C. House Republican Campaign Committee

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Void - Check dated 09.19.2008

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		9	1		2	0	1	3

Transaction ID : 36354118

Amount of Each Disbursement this Period

-	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 09.19.2008

SUBTOTAL of Disbursements This Page (optional)..... ▶

-	2	7	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

-	2	7	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Nava for Senate

Mailing Address 3002 Broadmoor

City Las Cruces State NM Zip Code 88001

Purpose of Disbursement
Void - Check dated 10.20.2008

011

Candidate Name

Senator Cynthia Nava

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354121

Amount of Each Disbursement this Period

-250.00

Void - Check dated 10.20.2008

Full Name (Last, First, Middle Initial)

B. Committee to Re-elect Dawn Morrell

Mailing Address 426 2nd Street NE

City Puyallup State WA Zip Code 98372

Purpose of Disbursement
Void - Check dated 10.30.2008

011

Candidate Name

WA Rep. Dawn Morrell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WA District: 25

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354122

Amount of Each Disbursement this Period

-250.00

Void - Check dated 10.30.2008

Full Name (Last, First, Middle Initial)

C. Citizens to Re-elect Bill Hinkle

Mailing Address 110 E. Fourth Avenue

City Ellensburg State WA Zip Code 98926

Purpose of Disbursement
Void - Check dated 10.30.2008

011

Candidate Name

WA Rep. Bill Hinkle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WA District: 13

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354124

Amount of Each Disbursement this Period

-250.00

Void - Check dated 10.30.2008

SUBTOTAL of Disbursements This Page (optional)..... ▶

-750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address PO Box 45042

City State Zip Code
Seattle WA 98145

Purpose of Disbursement
Void - Check dated 10.30.2008

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354126

Amount of Each Disbursement this Period

-800.00

Void - Check dated 10.30.2008

Full Name (Last, First, Middle Initial)

B. Robert Meza for State Senate 2014

Mailing Address 1833 W. Lewis Avenue

City State Zip Code
Phoenix AZ 85007

Purpose of Disbursement
Void - Check dated 12.14.2012

Candidate Name

AZ Sen. Robert Meza

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354130

Amount of Each Disbursement this Period

-200.00

Void - Check dated 12.14.2012

Full Name (Last, First, Middle Initial)

C. Justin Pierce for Arizona

Mailing Address 7406 E. Nora St.

City State Zip Code
Mesa AZ 85207

Purpose of Disbursement
Void - Check dated 12.14.2012

Candidate Name

AZ Rep. Justin Pierce

Office Sought: House
 Senate
 President
State: AZ District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354132

Amount of Each Disbursement this Period

-150.00

Void - Check dated 12.14.2012

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-1150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. ReelectAndyBiggs.com

Mailing Address 10612 S. Greenfield Rd

City State Zip Code
Gilbert AZ 85234

Purpose of Disbursement
Void - Check dated 12.14.2012

011

Candidate Name

AZ Sen. Andy Biggs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354135

Amount of Each Disbursement this Period

-300.00

Void - Check dated 12.14.2012

Full Name (Last, First, Middle Initial)

B. Jovan Melton for State Representative

Mailing Address 2634 South Nome Street

City State Zip Code
Aurora CO 80014

Purpose of Disbursement
Void - Check dated 10.26.2012

011

Candidate Name

Mr. Jovan Melton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 41

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354139

Amount of Each Disbursement this Period

-100.00

Void - Check dated 10.26.2012

Full Name (Last, First, Middle Initial)

C. Apodaca for NC Senate Committee

Mailing Address 1504 Fifth Avenue, West

City State Zip Code
Hendersonville NC 28739

Purpose of Disbursement
Void - Check dated 08.28.20012

011

Candidate Name

NC Sen. Tom Apodaca

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354145

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 08.28.20012

SUBTOTAL of Disbursements This Page (optional)..... ▶

-1400.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Goodwin Committee

Mailing Address PO Box 27841

City Raleigh State NC Zip Code 27611-7841

Purpose of Disbursement
Void - Check dated 11.22.2011

Candidate Name
Wayne Goodwin

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36354147

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 11.22.2011

Full Name (Last, First, Middle Initial)

B. Elect Eric Meyer

Mailing Address 7765 N. Foothill Drive S

City Paradise Valley State AZ Zip Code 85253

Purpose of Disbursement
Void - Check dated 11.19.2011

Candidate Name
AZ Rep. Eric Meyer

Office Sought: House Senate President
Disbursement For: 2011
 Primary General
 Other (specify) ▼
State: AZ District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36354148

Amount of Each Disbursement this Period

-	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 11.19.2011

Full Name (Last, First, Middle Initial)

C. Joe Fischer for House of Representatives

Mailing Address 126 Dixie Place

City Sandy Hook State KY Zip Code 41171

Purpose of Disbursement
Void - Check dated 11.16.2011

Candidate Name
Representa Joseph Fischer

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: KY District: 68

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	3

Transaction ID : 36354150

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Void - Check dated 11.16.2011

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-	1	6	5	0	0	0	0	0	0
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-	1	6	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Earl Ray Tomblin 2011

Mailing Address PO Box 11530

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Void - Check dated 10.26.2011

011

Candidate Name

Mr. Earl Ray Tomblin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Special-General2011

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354152

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 10.26.2011

Full Name (Last, First, Middle Initial)

B. Committee to Elect Deb Gardner

Mailing Address PO Box 67723

City Longmont State CO Zip Code 80501

Purpose of Disbursement
Void - Check dated 10.08.2011

011

Candidate Name

CO Rep. Deb Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354154

Amount of Each Disbursement this Period

-200.00

Void - Check dated 10.08.2011

Full Name (Last, First, Middle Initial)

C. Committee to Elect Rhonda Fields

Mailing Address 1196 Sable Blvd

City Aurora State CO Zip Code 80011

Purpose of Disbursement
Void - Check dated 10.08.2011

011

Candidate Name

CO Rep. Rhonda Fields

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 42

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354155

Amount of Each Disbursement this Period

-200.00

Void - Check dated 10.08.2011

SUBTOTAL of Disbursements This Page (optional)..... ▶

-1400.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Keith Swerdfeger

Mailing Address PO Box 6913

City Pueblo West State CO Zip Code 81007

Purpose of Disbursement
Void - Check dated 10.07.2011

011

Candidate Name

CO Rep. Keith Swerdfeger

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354157

Amount of Each Disbursement this Period

-200.00

Void - Check dated 10.07.2011

Full Name (Last, First, Middle Initial)

B. Committee to Elect Keith Swerdfeger

Mailing Address PO Box 6913

City Pueblo West State CO Zip Code 81007

Purpose of Disbursement
Void - Check dated 10.07.2011

011

Candidate Name

CO Rep. Keith Swerdfeger

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354159

Amount of Each Disbursement this Period

-200.00

Void - Check dated 10.07.2011

Full Name (Last, First, Middle Initial)

C. Committee to Elect Cloves Campbell

Mailing Address 8027 S. 29th Way

City Phoenix State AZ Zip Code 85042

Purpose of Disbursement
Void - Check dated 12.15.2010

011

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354160

Amount of Each Disbursement this Period

-100.00

Void - Check dated 12.15.2010

SUBTOTAL of Disbursements This Page (optional)..... ▶

-500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Karen Fann

Mailing Address 5691 Hole in One Drive

City Prescott State AZ Zip Code 86301

Purpose of Disbursement
Void - Check dated 12.15.2010

011

Candidate Name

AZ Rep. Karen Fann

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354162

Amount of Each Disbursement this Period

-150.00

Void - Check dated 12.15.2010

Full Name (Last, First, Middle Initial)

B. VoteForVic.com

Mailing Address 2749 W. Placita Mesa Alta

City Tucson State AZ Zip Code 85742

Purpose of Disbursement
Void - Check dated 12.14.2010

011

Candidate Name

AZ Rep. Vic Williams

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354164

Amount of Each Disbursement this Period

-100.00

Void - Check dated 12.14.2010

Full Name (Last, First, Middle Initial)

C. Morgan for Delegate

Mailing Address PO Box 684

City Huntington State WV Zip Code 25711

Purpose of Disbursement
Void - Check dated 10.14.2010

011

Candidate Name

WV Del. James Morgan

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : 36354165

Amount of Each Disbursement this Period

-100.00

Void - Check dated 10.14.2010

SUBTOTAL of Disbursements This Page (optional)..... ▶

-350.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee to elect Larry Liston

Mailing Address 2337 North Circle Drive

City Colorado Springs State CO Zip Code 80909

Purpose of Disbursement
Void - Check dated 09.30.2010

011

Candidate Name
CO Rep. Larry Liston

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354166

Amount of Each Disbursement this Period

-200.00

Void - Check dated 09.30.2010

Full Name (Last, First, Middle Initial)

B. Citizens for Tavares

Mailing Address 1257 Medford Road

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Void - Check dated 10.07.2009

011

Candidate Name
Charleta B Tavares

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354169

Amount of Each Disbursement this Period

-500.00

Void - Check dated 10.07.2009

Full Name (Last, First, Middle Initial)

C. Paula Brooks Committee

Mailing Address 4585 Benderton Ct.

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Void - Check dated 10.07.2009

011

Candidate Name
Paula Brooks

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 36354173

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 10.07.2009

SUBTOTAL of Disbursements This Page (optional)..... ▶

-1700.00

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

-13100.00