Image# 13941840158				PAGE 1 / 175
	EPORT OF RE ND DISBURSE Other Than An Authoriz	MENTS	Office U	se Only
		xample: If typing, type	12FE4M5	
COMMITTEE (in full)		ver the lines.		
UnitedHealth Group Inco				
ADDRESS (number and street)	900 Bren Road East			
Check if different				
than previously reported. (ACC)	Minnetonka		MN 55343	3
2. FEC IDENTIFICATION NUME			STATE	ZIP CODE
C C00274431	3. IS THI REPOR		AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (N		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M	4) Jul 20 (M7)	X Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE -Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on		Y = Y = Y = Y	in the State of
5. Covering Period 09	/ D D / Y Y Y Y 01 2013	through 09	/ D D / Y Y 30 20	13
I certify that I have examined this F	Report and to the best of my k	nowledge and belief it is tru	e, correct and comple	te.
Type or Print Name of Treasurer	Susan Sherwood			
Signature of Treasurer	erwood	[Electronically Filed]	Date 10 / 17	D / Y Y Y Y 2013
NOTE: Submission of false, erroneous	s, or incomplete information may	subject the person signing th	his Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

10/17/2013 11 : 48

6.

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8.

9.

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name UnitedHealth Group Incorporated PAC (United for Health) M Y М N 01 2013 09 30 Report Covering the Period: 09 2013 From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 220131.42 January 1, 2013 (b) Cash on Hand at 310484.53 Beginning of Reporting Period..... 499183.23 68080.62 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 378565.15 719314.65 6(a) and 6(c) for Column B)..... 52350.00 393099.50 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 326215.15 326215.15 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

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

Schedule C and/or Schedule D)

For further information contact:

0.00

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

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

Image#	13941840160
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 09	/ D D / Y Y Y Y 01 2013 To	b: 09 / 09 / 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	60252 42	385650.13
(i) Itemized (use Schedule A)	60253.42	303050.13
Γ		440500.40
(ii) Unitemized	7827.20	113533.10
(iii) TOTAL (add	00000.00	400492.22
Lines 11(a)(i) and (ii)	68080.62	499183.23
	0.00	0.00
(b) Political Party Committees	7 7 7	
(c) Other Political Committees	0.00	0.00
(such as PACs)	/7. /7. /7. /7.	
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	68080.62	499183.23
Totals to Line 33, page 5)	7 7 7 8 8 8 8 8	
Party Committees	0.00	0.00
Farty Committees		
All Loans Beceived	0.00	0.00
		7 7 7
Г	0.00	
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) Non Federal Account 		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	68080.62	499183.23
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	68080.62	499183.23

Page 3

DETAILED SUMMARY PAGE

of Disbursements

II Dishursemente	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Fed Activity (from Schedule H4 	.)	
(i) Federal Share		0.00
(ii) Non-Federal Share		0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditur		
(add 21(a)(i), (a)(ii), and (b		100.00
Transfers to Affiliated/Other Par Committees		0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	35250.00	384750.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U S C 8441a(d))		· · · · · · · · · · · · · ·
(2 U.S.C. §441a(d)) (use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:		0.00
(a) Individuals/Persons Other Than Political Committees		248.00
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs)		0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and	0.00	248.00
Other Disbursements		8001.50
Federal Election Activity (2 U.S	C \$431(20))	
(a) Allocated Federal Election		
(from Schedule H6)		0.00
(i) Federal Share		0.00
(ii) "Levin" Share		0.00
(b) Federal Election Activity Pa With Federal Funds		0.0
(c) Total Federal Election Activ	7 7 7	
Lines 30(a)(i), 30(a)(ii) an	d 30(b)) ► 0.00	0.00
Total Disbursements (add Lines	s 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 a	nd 30(c)) 52350.00	393099.50
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line		
from Line 31)	52350.00	393099.50

FE6AN026

I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	68080.62	499183.23
 Total Contribution Refunds (from Line 28(d)) 	0.00	248.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	68080.62	498935.23
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	100.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	100.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)		·····								
UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. HEATHER CIANFROCCO			Date of Receipt							
Mailing Address 2799 WEST BARDONNER R	OAD		M M / D D / Y Y Y Y Y 09 06 2013							
City	State PA	Zip Code	Transaction ID : 36463106							
GIBSONIA	PA	15044-8462	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		2500.00							
Name of Employer	Occupation									
United HealthCare Services Inc	Regn Pres									
Receipt For:	Aggregate	Year-to-Date V								
Primary General		2500.00	1							
Other (specify)		2500.00								
Full Name (Last, First, Middle Initial) B. DEBORAH S STREB			Date of Receipt							
Mailing Address 2201 NORTH STAR ROAD			09 30 2013							
City	State	Zip Code	Transaction ID : PR1159794131274							
UPPER ARLINGTON	OH	43221-3810	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer	Occupation		—							
United HealthCare Services Inc	Dir Proj Mgi	mt								
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. ANTHONY J KAZLAUSKAS			Date of Receipt							
Mailing Address 11 CARNIVAL TERRACE			M = M / D = D / Y = Y = Y Y O							
City	State	Zip Code	Transaction ID : PR1159794631274							
WEST WARWICK	RI	02893-1985	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer	Occupation									
United HealthCare Services Inc	Sr Med Dir									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		380.00	P/R Deduction (\$20.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			2568.00							
TOTAL This Period (last page this line number	only)									

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		Detailed Summary Page		11a		11b		11c	12				
Any information copied from such Reports and	Statements m	Av not be sold or used by any n	erson fr	13 or the	DUr	14 pose	ofs	15 solicitina	16 contribut	17 tions			
or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporat	ted PAC (l	United for Health)											
Full Name (Last, First, Middle Initial) CARLA M MUGGIO				Date of	Re	ceipt							
Mailing Address 3533 FAIR OAKS LANE	Mailing Address 3533 FAIR OAKS LANE							/ Y	2013	Y			
City	State	Zip Code	09 30 2013 Transaction ID : PR1159798231274										
LONGBOAT KEY	FL	34228-4121	A	Amount	of	Each	۱ Re	ceipt thi	is Period				
FEC ID number of contributing federal political committee.	С				_	7		7	38	.46			
Name of Employer	Occupation												
United HealthCare Services Inc	Ntwk Contra		_										
Receipt For:	Aggregate	Year-to-Date ▼		ים ס		or '*	10 -	3 ם:	(مايام				
Other (specify)		384.60	P/	IN Dedi	uCti	un (\$	19.2	3 Bi-We	екіу)				
Full Name (Last, First, Middle Initial) B. BRIAN R BELLOWS	<u>.</u>			Date of	Re	ceipt	·						
Mailing Address 10 SHADOWOOD LANE				M M 09		D	D 30	/ Y	2013	Y			
City	State	Zip Code	╶╷╹		<u>ac</u> ti			<u>R11</u> 598	2013 03831274	1			
TRUMBULL	СТ	06611-4062							is Period	_			
FEC ID number of contributing federal political committee.	С			_	_	3		7	30.	.00			
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Dvl												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/.	R Dedu	uctic	on (\$ ⁻	15.0	0 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) C. KEITH W NOBLITT				Date of	Re	ceipt	;						
Mailing Address 122 SOUTH OAK POINTE E	DR			м м 09		D	о 30	/ Y	2013	Y			
City	State	Zip Code							30553127	4			
SENECA	SC	29672-6764	A	\mount	of	Each	n Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	3		- 7	40	.00			
Name of Employer	Occupation	1	\neg										
United HealthCare Services Inc	SCE 3 NAs	Ind Contr	_										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		400.00	P/	R Ded	uctio	on (\$	20.0	00 Bi-We	ekly)				
Other (specify)		400.00											
SUBTOTAL of Receipts This Page (optional)			,			7			108.	46			
TOTAL This Period (last page this line number	r only)					7							

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 8 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (United for Health)										
Full Name (Last, First, Middle Initial) A. JAMES S WATSON III		Date of Receipt									
Mailing Address 6520 SHENANDOAH DR		M = M / D = D / Y = Y = Y = Y Y O									
City LINCOLN	State Zip Code NE 68510-5159	Transaction ID : PR1159806031274									
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period									
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) B. WAYNE F COOK		Date of Receipt									
Mailing Address 1200 PEBBLE HILL ROAD		M = M / D = D / Y = Y = Y = Y Y O									
City DOYLESTOWN	StateZip CodePA18901-3007	Transaction ID : PR1159812831274 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	120.00									
Name of Employer United HealthCare Services Inc	Occupation SVP Ops										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$60.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. DAVID S WICHMANN		Date of Receipt									
Mailing Address 7000 ANTRIM ROAD		09 30 / Y Y Y Y Y 2013									
City EDINA	StateZip CodeMN55439-1708	Transaction ID : PR1159814731274 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	384.60									
Name of Employer	Occupation	—									
United HealthCare Services Inc	EVP Pres UHG Ops										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	3846.00	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		554.60									
TOTAL This Period (last page this line number	only)										

SCHEDULE A (FEC Form 3X) -----

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements m	ay not be sold or used by any p	erson for the	e purp	14 ose of so utions fro	15 1iciting m such	contribu	tions ee.	
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (United for Health)							
Full Name (Last, First, Middle Initial) A. PATRICK J ERLANDSON			Date of	of Red	ceipt				
Mailing Address 1000 OLD LONG LAKE RO	AD		09	/	30	/ Y	2013	Y	
City WAYZATA	State MN	Zip Code 55391-9690					1593127	4	
			Amour	nt of E	Each Rec	ceipt th	is Period	_	
FEC ID number of contributing federal political committee.	С			_	9	7	384	.60	
Name of Employer	Occupation								
United HealthCare Services Inc	SVP Bus C	•	_						
Receipt For:	Aggregate	Year-to-Date ▼	D/D D	al. (- 11	- (0400-		المعالمة		
Other (specify) ▼		3846.00	P/R De	ductio	n (\$192.3	30 BI-W	eekiy)		
Full Name (Last, First, Middle Initial) B. PATRICIA R SAURO			Date of	of Red	ceipt				
Mailing Address 8943 HIDDEN MEADOW R			09	Л /	30	/ Y	y y 2013	Y	
City	State	Zip Code	Tran	sactio	on ID : PF	R11598	1643127	4	
WOODBURY	MN	55125-9138	Amour	nt of E	Each Rec	ceipt thi	is Period		
FEC ID number of contributing federal political committee.	С				9	7	120	.00	
Name of Employer United HealthCare Services Inc	Occupation								
Receipt For:	SVP United								
Primary General	Aggregate	Year-to-Date ▼	P/R Dec	ductio	n (\$60.00) Bi-We	ekly)		
Other (specify) ▼		1200.00					<i>,</i> ,		
Full Name (Last, First, Middle Initial) C. WILLIAM A MUNSELL			Date of	of Red	ceipt				
Mailing Address 2119 WINDSONG CIRCLE			09	M /	30	/ Y	y y 2013	Y	
City	State	Zip Code	Tran	sacti	on ID : P	R11598	81663127	4	
WAYZATA	MN	55391-2259	Amour	nt of E	Each Red	ceipt thi	is Period		
FEC ID number of contributing federal political committee.	С				9	3	200	.00	
Name of Employer	Occupation	1							
United HealthCare Services Inc	EVP United	dHIth Group							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2000.00	P/R De	ductio	n (\$100.0	00 Bi-W	'eekly)		
SUBTOTAL of Receipts This Page (optional)					,	7	704.	60	
TOTAL This Period (last page this line numbe	er only)				,	7			

SCHEDULE A (FEC Form 3X) DEAEI

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)		(check only one)						
ILLIVILLED NEVEIPIS		for each category of the Detailed Summary Page	X 11		11b 14	11c 15	12	17		
Any information copied from such Reports a or for commercial purposes, other than usin			erson for t	he pu	rpose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. JOHN S PENSHORN			Date	e of R	eceipt					
Mailing Address 120 BLACK OAKS LANE			M	м 9	30) / Y	2013	Y		
City WAYZATA	State MN	Zip Code 55391-1363				PR11598 leceipt th				
FEC ID number of contributing federal political committee.	С				7		384	.60		
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	Occupation SVP United Aggregate		P/R [)educt	ion (\$19:	2.30 Bi-W	/eekly)			
Full Name (Last, First, Middle Initial) PAUL D KALLMEYER Mailing Address 468 HERALD DR			M	M	eceipt	/ Y	Y Y	Y		
City	State PA	Zip Code	Tra			PR11598				
AMBLER FEC ID number of contributing federal political committee.	C	19002-1530	Amc	ount of	f Each H	leceipt th	is Period 100	_		
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) v		n Counsel Mgr Year-to-Date ▼ 1000.00	 P/R [educt	ion (\$50.	00 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) C. TIMOTHY F RYAN	l		Date	e of R	eceipt					
Mailing Address 4913 BRUCE AVE				9	/ D D 30) / Y	ү 2013	Y		
City EDINA	State MN	Zip Code 55424-1113				PR11598 leceipt th				
FEC ID number of contributing federal political committee.	С				7		194	1.00		
Name of Employer United HealthCare Services Inc Receipt For:		ent Gen Counsel								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1940.00	P/R [Deduc	tion (\$97	.00 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,				7		678	.60		

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than using the	Statements may not be sold or used by any p he name and address of any political committed	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (United for Health)									
Full Name (Last, First, Middle Initial)		Date of Receipt								
Mailing Address 4307 BEECHWOOD LANE	-									
City DALLAS	State Zip Code TX 75220-1909	Transaction ID : PR1159819131274								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period								
Name of Employer	Occupation									
United HealthCare Services Inc	Hith Plan CEO									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	1000.00	P/R Deduction (\$50.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) 3. DAVID J FALK		Date of Receipt								
Mailing Address 323 LAWRENCE AVE										
City	State Zip Code	Transaction ID : PR1159820231274								
HIGHLAND PARK	NJ 08904-1851	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	28.00								
Name of Employer United HealthCare Services Inc	Occupation Med Dir									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial)		Date of Receipt								
Mailing Address 13016 CANTERBURY		09 30 2013								
City LEAWOOD	State Zip Code KS 66209-1768	Transaction ID : PR1159821531274 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	115.40								
Name of Employer	Occupation	_								
United HealthCare Services Inc	Hith Plan CEO									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	1154.00	P/R Deduction (\$57.70 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)		243.40								
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)		only c								
		for each category of the Detailed Summary Page	X 11		11b	11c	12	47				
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements mag the name and a	l ay not be sold or used by any p Iddress of any political committed	erson for t e to solicit	he pu	14 rpose of butions f	15 soliciting from such	16 contribu	tions ee.				
NAME OF COMMITTEE (In Full)	-											
UnitedHealth Group Incorpo	rated PAC (I	Jnited for Health)										
Full Name (Last, First, Middle Initial) A. RICHARD J MIGLIORI			Date	e of R	eceipt							
Mailing Address PO BOX 72				M)9	30) / Y	2013	Y				
City WAYZATA	State MN	Zip Code 55391-0072					32743127 iis Period	4				
FEC ID number of contributing federal political committee.	C						200	.00				
Name of Employer United HealthCare Services Inc	Occupation EVP Consu	ı ımr Hlth Med Care										
Primary General Other (specify)						P/R Deduction (\$100.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) B. BARBARA C BUENEMANN			Date	e of R	eceipt							
Mailing Address 128 ROSEBROOK DR)9	/ D D 30	/ Y	ү 2013	Y				
City	State MO	Zip Code					32873127	4				
FLORISSANT		63031-8633	Amo	ount o	t Each H	leceipt th	is Period	_				
FEC ID number of contributing federal political committee.	C				7	- J	23	.08				
Name of Employer United HealthCare Services Inc	Occupation Dir Cust Se											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		, 230.80	P/R D	Deduct	ion (\$11.	54 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. JEANNINE M RIVET			Date	e of R	eceipt							
Mailing Address 4305 TRILLIUM WAY				м)9	/ D D D 30		ү 2013	Y				
City MINNETRISTA	State MN	Zip Code 55364-7708					83003127 is Period	4				
FEC ID number of contributing federal political committee.	C						384	.60				
Name of Employer	Occupation	l										
United HealthCare Services Inc	EVP United	HIth Grp										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R I	Deduc	tion (\$19	2.30 Bi-V	/eekly)					
SUBTOTAL of Receipts This Page (optiona	ı al)						607	.68				
TOTAL This Period (last page this line nun	,											

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PAGE 13 OF

Any ir or for	fame time and free such Barrate and O		
\ \	commercial purposes, other than using the	atements may not be sold or used by any point and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporate	d PAC (United for Health)	
	ll Name (Last, First, Middle Initial) ACK E SHUFF		Date of Receipt
	iling Address 360 ASPEN LANE		M = M / D = D / Y = Y = Y Y 09 30
City	y DVINGTON	State Zip Code LA 70433-5736	Transaction ID : PR1159830531274
FE	C ID number of contributing leral political committee.	C	Amount of Each Receipt this Period
	me of Employer ited HealthCare Services Inc	Occupation SB RVP	
	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
	II Name (Last, First, Middle Initial) Ir. ANTHONY WELTERS		Date of Receipt
	iling Address 919 SAIGON ROAD		09 30 2013
City MC	y CLEAN	StateZip CodeVA22102-2116	Transaction ID : PR1332013231274 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	384.60
	me of Employer ited HealthCare Services Inc	Occupation EVP UnitedHIth Group	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)
	II Name (Last, First, Middle Initial)		Date of Receipt
	iling Address 4925 WOODS COURT		09 30 / Y Y Y Y
City Gl	y REENWOOD	StateZip CodeMN55331-9291	Transaction ID : PR1551005631274 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	78.00
Na	me of Employer	Occupation	
	ited HealthCare Services Inc		
Re	ceipt For: Primary General Other (specify) ↓	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
SUB	TOTAL of Receipts This Page (optional)		540.60

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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			Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page		1 1a		11b	11c	12		
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	ation copied from such Reports and mercial purposes, other than using										
<u></u>	DF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	dHealth Group Incorpora	ated PAC (I	Jnited for Health)								
	ne (Last, First, Middle Initial) AEL J BRESOLIN				Date of	Re	ceipt				
Mailing	Address 121 W VIEW STREET				м – м 09	/	D D 30	/ Y	2013	Y	
City		State	Zip Code		Trans	acti	on ID : I	PR1551	00573127	4	
LOMBA	RD	IL	60148-1659		Amount	of	Each Re	eceipt th	nis Period		
	number of contributing political committee.	С					,		40	.00	
Name o	f Employer	Occupation	l								
	lealthCare Services Inc	Dir Care Ac	lvocacy								
Receipt		Aggregate	Year-to-Date ▼								
	fimary General		400.00	P	P/R Dedu	uctic	on (\$20.0	00 Bi-We	eekly)		
	ther (specify)		1 1 1	4							
	ne (Last, First, Middle Initial) STOPHER R HOCK				Date of	Re	ceipt				
Mailing	Address 215 WINDMILL HILL				м м 09	/	30	/ Y	y y 2013	Y	
City		State	Zip Code		Transa	actio	on ID : I	PR1551	12893127	4	
WETHE	RSFIELD	СТ	06109-2746		Amount	of	Each Re	eceipt th	nis Period		
	number of contributing political committee.	С				,		23	.08		
Name o	f Employer	Occupation	1								
United H	lealthCare Services Inc	Dir Gen Mg	mt								
Receipt	For:	Aggregate	Year-to-Date ▼								
	imary General ther (specify) ▼		, 230.80	P	/R Dedu	uctio	on (\$11.5	54 Bi-We	eekly)		
	ne (Last, First, Middle Initial) IAEL C MATTEO				Date of	Re	ceint				
	Address 25 JEREMIAHS WAY							/ Y	Y Y	Y	
0					09	Ľ	30		2013		
City		State	Zip Code		Trans	acti	on ID :	PR1551	13343127	4	
SOUTH	IGLASTONBURY	CT	06073-3621		Amount	of	Each Re	eceipt th	nis Period		
	number of contributing political committee.	С					,		536	.46	
Name o	f Employer	Occupation	l								
United H	lealthCare Services Inc	Chief Grow	th Off								
	For: imary General ther (specify) V	Aggregate	Year-to-Date ▼ 1380.60	F	P/R Ded	uctic	on (\$268	3.23 Bi-V	Veekly)		
	L of Receipts This Page (optional).						y	7	599.	54	

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
for commercial purposes, other than usi		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (United for Health)					
Full Name (Last, First, Middle Initial) THOMAS J VALERIUS		Date of Receipt				
Mailing Address 2820 DEER RUN TRAI		09 / D D / Y H Y H Y H Y 2013				
City LONG LAKE	State Zip Code MN 55356-9690	Transaction ID : PR1551161331274				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer United HealthCare Services Inc	Occupation VP Recruiting					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	P/R Deduction (\$76.92 Bi-Weekly)				
Full Name (Last, First, Middle Initial) LOIS T WEIHRAUCH		Date of Receipt				
Mailing Address 10392 SHERMAN DRIV	/E	09 30 2013				
City EDEN PRAIRIE	StateZip CodeMN55347-4452	Transaction ID : PR1551161431274 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	120.00					
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$60.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) JOHN O ENDERLE		Date of Receipt				
Mailing Address 31 ANDREIS TRAIL		09 / D D / Y Y Y Y Y 2013				
City SOUTH WINDSOR	State Zip Code CT 06074-2142	Transaction ID : PR1554323531274 Amount of Each Receipt this Period				
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 ▼ 1100.00	P/R Deduction (\$55.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (option	nal)					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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	Detailed Summary Page		11a 13		11b		11c 15	12	17				
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose		oliciting	, contribu	tions			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (Jnited for Health)											
Full Name (Last, First, Middle Initial) A. CATHERINE E SPILLANE				Date of	Re	eceipt	t						
Mailing Address 3807 PLEASANT VALLE	Y DRIVE			м – м 09	/		30	/ Y	ү ү 2013	Y			
City	State	Zip Code		Trans	acti	ion II	D : P	R15543	32463127	4			
MISSOURI CITY	ТХ	77459-4111	/	Amount	of	Each	h Red	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C												
Name of Employer	Occupation	1											
United HealthCare Services Inc	Dir Bus Pro	cess											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P	/R Ded	uctio	on (\$	319.23	3 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) B. KAREN L ERICKSON				Date of	Re	eceipt	t						
Mailing Address 15348 RED OAKS ROAD) SE			м м 09	1		30	/ Y	y y 2013	Y			
City	State	Zip Code		Trans	acti	on II	D : Pl	R15759	5763127	4			
PRIOR LAKE	MN	55372-1834	/	Amount	of	Each	h Red	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C	C											
Name of Employer United HealthCare Services Inc													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. ERNEST MONFILETTO				Date of	Re	ceipt	t						
Mailing Address 3062 COMFORT ROAD				м м 09	/		о 30	/ Y	у 2013	Y			
City NEW HOPE	State PA	Zip Code 18938-5622							9 5813127 is Period				
FEC ID number of contributing federal political committee.	C					7	Ξ	7	153	8.84			
Name of Employer	Occupation	1	_										
United HealthCare Services Inc	VP Ntwk P	rgms											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1538.40] P.	P/R Deduction (\$76.92 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)								576	.90			
TOTAL This Period (last page this line num	nber only)	······				7		,					

SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)

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			Use separate schedule(s)	(check	(check only one)						
			for each category of the Detailed Summary Page		H	11b		11c	12	<u> </u>	
	nformation copied from such Reports and S				the p						
	AME OF COMMITTEE (In Full)										
	nitedHealth Group Incorporate	ed PAC (l	Inited for Health)								
	ll Name (Last, First, Middle Initial) EE D VALENTA			Dat	te of I	Receip	ot				
Ma	ailing Address 4701 GOLF TERRACE				м 09	/ D	D 30	/ Y	ү ү 2013	Y	
Ci [.] E	ty DINA	State MN	Zip Code 55424-1514						5853127 is Period		
FE	EC ID number of contributing deral political committee.	С			ount			eipt th	384		
Ur	ame of Employer hited HealthCare Services Inc	Occupation Pres Lif Scis	3								
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3846.00	P/R	Dedu	ction (S	\$192.3	60 Bi-W	(eekly)		
	II Name (Last, First, Middle Initial) HOMAS S PAUL			Dat	te of l	Receip	ot				
	Mailing Address 2006 QUEEN AVENUE SOUTH City State Zip Code						30		y y 2013		
	IV INNEAPOLIS	MN	55405-2350						6473127 is Period		
	C ID number of contributing deral political committee.	С				7		J	200	_	
Ur	ame of Employer ited HealthCare Services Inc	Occupation UHC Chief (Cnsmr Off								
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	P/R	Deduc	tion (\$	\$100.0	0 Bi-W	eekly)		
	II Name (Last, First, Middle Initial) ROBERT THOMAS WEBB			Dat	te of I	Receip	ot				
Ma	ailing Address 4516 DREXEL AVENUE				м 09	/ D	30	/ Y	ү ү 2013	Y	
Ci E	ty DINA	State MN	Zip Code 55424-1130						36533127 is Period		
	C ID number of contributing deral political committee.	С				7		7	384	l.60	
	ame of Employer hited HealthCare Services Inc										
Re	eceipt For: Primary General Other (specify)		Year-to-Date ▼ 3846.00	P/R	Dedu	ction (S	\$192.3	80 Bi-W	/eekly)		
CUE	TOTAL of Receipts This Page (optional)				-	-			969	.20	

SCHEDULE A (FEC Form 3X)

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17	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16	17					
	y information copied from such Reports and for commercial purposes, other than using									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorpora	ated PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) RICHARD J HUGHES			Date of Receipt						
	Mailing Address 735 SAINT MORITZ			M - M / D - D / Y - Y - Y 09 30 2013	Y					
	City	State	Zip Code	Transaction ID : PR159630413127	′ 4					
	VICTORIA	MN	55386-3706	Amount of Each Receipt this Period	l					
	FEC ID number of contributing federal political committee.	С		200	0.00					
	Name of Employer	Occupation		_						
	United HealthCare Services Inc	SVP Huma	n Capital Dev							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		2000.00	P/R Deduction (\$100.00 Bi-Weekly)						
	Other (specify)		2000.00	1						
в.	Full Name (Last, First, Middle Initial) THAD C JOHNSON			Date of Receipt						
	Mailing Address 16848 STIRRUP LN			09 30 2013	Y					
	City	State	Zip Code	Transaction ID : PR159630433127	'4					
	EDEN PRAIRIE	MN	55347-3339	Amount of Each Receipt this Period	l					
	FEC ID number of contributing federal political committee.	С		200	0.00					
	Name of Employer	Occupation		—						
	United HealthCare Services Inc	Mkt Group	Gen Counsel							
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)						
	Primary General Other (specify) ▼		2000.00							
— c.	Full Name (Last, First, Middle Initial) GAYE ADAMS MASSEY			Date of Receipt						
	Mailing Address 3801 ABBOTT AVE S			09 30 2013	Y					
	City	State	Zip Code	Transaction ID : PR159630453127	74					
	MINNEAPOLIS	MN	55410-1036	Amount of Each Receipt this Period	1					
	FEC ID number of contributing federal political committee.	С		230	0.76					
	Name of Employer	Occupation		-						
	Corporate	Sr Deputy (Gen Counsel							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼									
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			Detailed Summary Page		11a		11b	11c	12			
•	information and down and D. J. C.				13		14	15	16	17		
	ny information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)		<u>.</u>									
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) JAY S MATUSHAK				Date of	Re	ceipt					
	Mailing Address 9346 SHETLAND ROAD				м м 09	/	30	/ Y	y y 2013	Y		
	City	State	Zip Code		Trans	acti		PR15963	80463127	4		
	EDEN PRAIRIE	MN	55347-3749		\mount	of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С				_	7	7	78	.00		
	Name of Employer	Occupation		-								
	United HealthCare Services Inc	VP Finance										
	Receipt For:	Aggregate	Year-to-Date ▼		_							
	Primary General Other (specify) ▼		780.00] P/	/R Dedı	uctio	on (\$39.	00 Bi-We	ekly)			
В.	Full Name (Last, First, Middle Initial) CAROL B MORNESS				Date of	Re	ceipt					
	Mailing Address 6844 FLEUR DE LANE				M M 09	1	D D D 30	/ Y	2013	Y		
	City	State	Zip Code						0493127	4		
	STONE LAKE	WI	54876	A	\mount	of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	s (
	Name of Employer United HealthCare Services Inc	Occupation Dir Underwr										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/	'R Dedu	JCtic	on (\$38.	46 Bi-We	ekly)			
C.	Full Name (Last, First, Middle Initial) DANIEL J SCHUMACHER				Date of	Re	ceipt					
	Mailing Address 11582 RASPBERRY HILL ROA				м м 09	1	30	/ Y	ү 2013	Y		
	City EDEN PRAIRIE	State MN	Zip Code 55344-3268						30543127	4		
	FEC ID number of contributing federal political committee.	С			amount	. 01	∟acn R	eceipt th	is Period 676	.66		
	Name of Employer	Occupation		-								
	United HealthCare Services Inc	Mkt Group (
	Receipt For:		Year-to-Date ▼									
	Primary General	<u></u>		P/	/R Ded	uctio	on (\$33	3.33 Bi-W	/eekly)			
	Other (specify)	L	2969.99	1								
s	UBTOTAL of Receipts This Page (optional)			•			7		831	58		
	OTAL This Period (last page this line number o			Ī		-						
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	(check only one)						
ILIVIIZED NECEIFIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports and	d Statements m	av not be sold or used by any n	erson for the	purpose of	15 solicitina	16 contribut	ions			
or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	United for Health)								
Full Name (Last, First, Middle Initial) A. SCOTT E THEISEN			Date o	f Receipt						
Mailing Address 1950 MEADOWWOODS T	RAIL		09	/ D D 30	/ Y	2013	Y			
City LONG LAKE	State MN	Zip Code 55356-9312		saction ID : t of Each Re			4			
FEC ID number of contributing federal political committee.	С					38	.46			
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Bus Segme	ent CFO								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Dec	duction (\$19.2	23 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) B. THOMAS D LEWIS			Date o	f Receipt						
Mailing Address 306 CHIPPEWA AVENUE	2 1.1		09	/ D D 30	/ Y	2013	Y			
City TAMPA	State FL	Zip Code 33606-3614		saction ID : I t of Each Re			4			
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer United HealthCare Services Inc	Occupation Hith Plan C		_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Ded	luction (\$38.4	46 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) C. ROBERT W OBERRENDER			Date o	f Receipt						
Mailing Address 4505 MOORLAND AVENU	IE		09	/ D D 30	/ Y	y y 2013	Y			
City EDINA	State MN	Zip Code 55424-1158		saction ID :			4			
FEC ID number of contributing federal political committee.	С		Amoun	t of Each Re	eceipt th	220	.00			
Name of Employer	Occupation	1								
United HealthCare Services Inc	SVP Treas	urer								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2200.00	P/R Dec	duction (\$110).00 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb				7	7	335.	38			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the			to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	United for Health)	
Α.	Full Name (Last, First, Middle Initial) MICHAEL J ANDERSON			Date of Receipt
	Mailing Address 17907 INVERNESS CURVE	State	Zip Code	09 30 2013
	EDEN PRAIRIE	MN	55347-2155	Transaction ID : PR1596309331274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation Dir Med Cli Aggregate		_
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
B.	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN			Date of Receipt
	Mailing Address 3318 FOXRIDGE CIRCLE			09 30 2013
	City TAMPA	State FL	Zip Code 33618-2149	Transaction ID : PR1596309731274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer United HealthCare Services Inc	າ Dir		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
С.	Full Name (Last, First, Middle Initial) JEFFREY P DOOLEY			Date of Receipt
	Mailing Address 1142 GREENBROOK DRIVE			09 30 2013
	City DANVILLE	State CA	Zip Code 94526-4306	Transaction ID : PR1596312131274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		23.08
	Name of Employer	Occupation	1	-
	United HealthCare Services Inc			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	129.08
т	OTAL This Period (last page this line number	only)	••••••	

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11				
or	for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)					
	Full Name (Last, First, Middle Initial) STEVAN D GARCIA			Date of Receipt				
	Mailing Address 28115 BOULDER BRIDGE DR			M = M / D = D / Y = Y = Y = Y Y 09 30 2013				
	City EXCELSIOR	State MN	Zip Code 55331-7959	Transaction ID : PR1596312931274				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer United HealthCare Services Inc	Occupation SVP Ops	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$19.23 Bi-Weekly)				
	Full Name (Last, First, Middle Initial) KURT A HEUMANN			Date of Receipt				
	Mailing Address 9825 GERALD DR			09 30 2013				
	City SAINT LOUIS	State MO	Zip Code 63128-1767	Transaction ID : PR1596313731274 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	s a l						
	Name of Employer United HealthCare Services Inc							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)				
	Full Name (Last, First, Middle Initial) KATHLEEN A MALLATT			Date of Receipt				
	Mailing Address 4304 SOUTH 167 AVENUE			M = M / D = D / Y = Y = Y Y 09 30 2013				
	City OMAHA	State NE	Zip Code 68135-1353	Transaction ID : PR1596315431274				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation	1	_				
	United HealthCare Services Inc	Exec Dir						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Bi-Weekly)				
s	JBTOTAL of Receipts This Page (optional)			328.46				
т	OTAL This Period (last page this line number	only)		-				

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ILLIVILLED NEGEIF13		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports and	Statements m	av not be sold or used by any n	erson for the	14	15 f soliciting	16 L contribu	17 tions			
or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	United for Health)								
Full Name (Last, First, Middle Initial) A. JOHN H RENNICK JR			Date o	f Receipt						
Mailing Address 3220 LAKEWOOD EDGE D	RIVE		09	/ D 30		2013	Y			
City CHARLOTTE	State NC	Zip Code 28269-7705		saction ID : It of Each F			4			
FEC ID number of contributing federal political committee.	С					38	.46			
Name of Employer United HealthCare Services Inc	Occupation Med Dir	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Dec	duction (\$19	9.23 Bi-W€	eekly)				
Full Name (Last, First, Middle Initial) B. DANIEL I ROSENTHAL	• •		Date o	f Receipt						
Mailing Address 109 SLEEPY HOLLOW LAN			M M	/ D 30		y y 2013	Y			
City ORINDA	State CA	Zip Code 94563-1340		saction ID : it of Each F			4			
FEC ID number of contributing federal political committee.	С						.46			
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	1	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Ded	luction (\$19	.23 Bi-We	ekly)				
Full Name (Last, First, Middle Initial) C. KEVIN J RUTH			Date o	f Receipt						
Mailing Address 16621 ALEXANDER MANC	OR DRIVE		M M 09	30		2013	Y			
City SILVER SPRING	State MD	Zip Code 20905-5028		saction ID It of Each F			4			
FEC ID number of contributing federal political committee.	С					150	0.00			
Name of Employer	Occupation									
United HealthCare Services Inc Receipt For:										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	P/R Dec	duction (\$16	6.67 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional).				7	7	226.	.92			

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
An or	for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) DAVID C STURKEY									
	Mailing Address 1625 CONE FLOWER WAY	0		M = M / D = D / Y = Y = Y = Y Y O						
	City SUWANEE	State GA	Zip Code 30024-8576	Transaction ID : PR1596318431274						
	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 SB KA VP S	SIs Acct Mgt							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)						
в.	Full Name (Last, First, Middle Initial) ROXANNE THOMAS			Date of Receipt						
	Mailing Address 720 COUNTRY LAKES DR			09 30 2013						
	City CIRCLE PINES	State MN	Zip Code 55014-5488	Transaction ID : PR1596318931274 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		23.08							
	Name of Employer United HealthCare Services Inc									
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$11.54 Bi-Weekly)								
<u> </u>	Full Name (Last, First, Middle Initial) JEFFREY ALAN TODD			Date of Receipt						
	Mailing Address 467 PRAIRIE WAY SOUTH			09 30 / Y Y Y Y 2013						
	City BAYPORT	State MN	Zip Code 55003-1607	Transaction ID : PR1596319031274 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer	Occupation	I							
	United HealthCare Services Inc	VP Underw	riting							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)						
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	y information copied from such Reports and s for commercial purposes, other than using the										17
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) M LAURIE WASSERSTEIN				Date of	Re	ceipt				
	Mailing Address 92 GOODWIN CIRCLE				м – м 09	/	30	/ Y	2013	Y	
	City HARTFORD	State CT	Zip Code 06105-5205					PR1596: eceipt th			
	FEC ID number of contributing federal political committee.	С					7		3	88.46	
	Name of Employer United HealthCare Services Inc	Occupation PS NA VP (
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P	/R Ded	uctio	on (\$19.	23 Bi-We	∍ekly)		
B.	Full Name (Last, First, Middle Initial) MYRON R WERLEY				Date of	Re	ceipt				
	Mailing Address 4260 FOXBERRY COURT	Otata	Zie Oode		м м 09	1	30		2013	_	
	City MEDINA	State MN	Zip Code 55340-9390	-			-	PR15963			
	FEC ID number of contributing federal political committee.	С	33340-3330		Amount	. 01	Each R	eceipt th		a 0.00	
	Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Dir Underwin Aggregate] P.	/R Dedu	uctic	on (\$20.	00 Bi-We	ekly)		
c.	Full Name (Last, First, Middle Initial) JOHN P DODDY				Date of	Re	ceipt				
	Mailing Address 1 ROXITICUS VIEW				м м 09	/	30	/ Y	2013	Y	
	City CHESTER	State NJ	Zip Code 07930-3020					PR1600			
	FEC ID number of contributing federal political committee.	С				_	7	7	7	78.00	
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation VP Info Tec	ch								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00] P	P/R Ded	uctio	on (\$39.	.00 Bi-We	∋ekly)		
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'			Detailed Summary Page	×	11a 13		11b		11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		oliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate										
A.	Full Name (Last, First, Middle Initial) MICHAEL D MICHAUX				Date o	f Re	eceipt				
	Mailing Address 742 GOODRICH AVE				м – м 09	/		D 30	/ Y	2013	Y
	City	State	Zip Code		Trans	act	ion ID) : P	R1600	5985312	74
	SAINT PAUL	MN	55105-3343		Amoun	t of	Each	Re	ceipt th	nis Perioo	t
	FEC ID number of contributing federal political committee.	С					7		,	20	0.00
	Name of Employer	Occupation									
	United HealthCare Services Inc	VP GM PCI	M								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P	/R Ded	lucti	on (\$1	100.	00 Bi-W	/eekly)	
В.	Full Name (Last, First, Middle Initial) LEWIS G SANDY				Date o	f Re	eceipt				
	Mailing Address 4800 SUNNYSLOPE ROAD E	E			м м 09	/	D 3	D 30	/ Y	y y 2013	Y
	City	State	Zip Code		Trans	acti	ion ID) : P	R16005	59873127	74
	EDINA	MN	55424-1163	4	Amoun	t of	Each	Re	ceipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С					,		7	200	0.00
	Name of Employer United HealthCare Services Inc	Occupation SVP Clin Ac	dvancement								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P	/R Ded	uctio	on (\$1	00.0	00 Bi-W	(eekly)	
с.	Full Name (Last, First, Middle Initial) MATTHEW W PETERSON				Date o	f Re	eceipt				
	Mailing Address 20595 SPENCER LANE				м м 09	/	D 3	D 30	/ Y	2013	Y
	City	State MN	Zip Code							6699312	
	EXCELSIOR	IVIIN	55331-4523		Amoun	t of	Each	Re	ceipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С					7		7	20	0.00
	Name of Employer	Occupation									
	United HealthCare Services Inc	Bus Segme	ent CAO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P	P/R Dec	lucti	ion (\$1	100.	00 Bi-W	√eekly)	
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or fo N. L Fu A. <u>-</u> M	information copied from such Reports and SI r commercial purposes, other than using the AME OF COMMITTEE (In Full)		e sold or used by any pe	rson for the nurnose of soliciting contributions
С – С А. <u>–</u> м	AME OF COMMITTEE (In Full)			
А. м	InitedHealth Group Incorporate	d PAC (United	d for Health)	
	ull Name (Last, First, Middle Initial) IEFFREY W MALONEY			Date of Receipt
	ailing Address 18076 CLEAR SPRING LANE			M = M / D = D / Y = Y = Y = Y Y O
Ci	ty DEN PRAIRIE		0 Code 347-1078	Transaction ID : PR1613243531274
F	EC ID number of contributing deral political committee.	C		Amount of Each Receipt this Period
	ame of Employer nited HealthCare Services Inc	Occupation VP Gen Mgmt		_
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 1923.00	P/R Deduction (\$96.15 Bi-Weekly)
	ull Name (Last, First, Middle Initial) VILLIAM F KENNEDY			Date of Receipt
М	ailing Address 14 MYRA LN			09 30 2013
Ci B	ity URLINGTON		0 Code 013-1327	Transaction ID : PR1653443131274 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		40.00
	ame of Employer nited HealthCare Services Inc	Occupation Dir IT		_
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)
	ull Name (Last, First, Middle Initial)			Date of Receipt
М	ailing Address 4444 ELLSWORTH DRIVE			09 30 2013
Ci	ity :DINA		Code 435-4150	Transaction ID : PR1653443231274 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		384.60
N	ame of Employer	Occupation		-
-	nited HealthCare Services Inc	Bus Segment COO		
R	eceipt For:	Aggregate Year-to-	-Date ▼	
-	Primary General Other (specify)		3846.00	P/R Deduction (\$192.30 Bi-Weekly)
SUE	BTOTAL of Receipts This Page (optional)		••••••	616.90

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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)			
 4.	Full Name (Last, First, Middle Initial) THOMAS J BELLAMY			Date of Receipt		
	Mailing Address 2743 THOMAS AVENUE SOL	JTH		09 30	2013	Y
	City	State	Zip Code	Transaction ID : PR16		74
	MINNEAPOLIS	MN	55416-4346	Amount of Each Receipt	this Period	
	FEC ID number of contributing federal political committee.	С			115	5.40
	Name of Employer United HealthCare Services Inc	Occupation SB RVP		_		
	Receipt For:	-	Year-to-Date ▼	-		
	Primary General Other (specify) ▼	Ayyreyale	1154.00	P/R Deduction (\$57.70 Bi-	Veekly)	
	Full Name (Last, First, Middle Initial)			Date of Receipt		
	Mailing Address 645 OLD LONG LAKE ROAD			09 30	y y y 2013	Y
	City	State	Zip Code	Transaction ID : PR165		'4
	WAYZATA	MN	55391-9684	Amount of Each Receipt	this Period	
	FEC ID number of contributing federal political committee.	С			384	.60
	Name of Employer United HealthCare Services Inc	Occupation Bus Segme	nt CIO	-		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi	Weekly)	
	Full Name (Last, First, Middle Initial) DANIEL T SULLIVAN			Date of Receipt		
	Mailing Address 57 QUORN HUNT ROAD			09 30 /	y y y 2013	Y
	City	State CT	Zip Code	Transaction ID : PR16		
	WEST SIMSBURY	CI	06092-2524	Amount of Each Receipt	this Period	
	FEC ID number of contributing federal political committee.	С		7 7	23	3.08
	Name of Employer	Occupation		1		
	United HealthCare Services Inc	VP IT				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		230.80	P/R Deduction (\$11.54 Bi-	Weekly)	
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SCHEDULE A (FEC Form 3X)

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	UnitedHealth Group Incorporate	ea PAC (l	United for Health)							
-	Full Name (Last, First, Middle Initial)					_	• .			
Α.	ELIZABETH DARCIE CORBIN				Date of	Re				_
	Mailing Address 7985 LEA CIRCLE				м – м 09	1	30	/ Y	2013	Y
	City	State	Zip Code			acti		PR16694	43223127	4
	BLOOMINGTON	MN	55438-1286		Amount	of	Each Re	ceipt th	is Period	
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	federal political committee.						7	- 1		
	Name of Employer	Occupation								
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			/9 /9 /#							
	Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN				Date of	Re	ceipt			
	Mailing Address 3412 KNOLLWOOD DRIVE				M M	/	DD	/ Y	Y Y	Y
					09		30		2013	
		State GA	Zip Code				-		71783127	4
-	ATLANTA	GA	30305-1020		Amount	of	Each Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		384	.60
	Name of Employer	Occupation								
	United HealthCare Services Inc	Chief Med C	Dff							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				(\$ 400	00 D' M	,	
	Other (specify) ▼		3846.00] '	P/R Dedu	ICTIC	on (\$192.	30 BI-W	(eekiy)	
	Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI				Date of	Re	ceipt			
	Mailing Address 4247 ROSE PETAL COURT				M M	/	D D	/ Y	Y Y	Y
		C · · ·	7. 0		09		30		2013	
	City ELLICOTT CITY	State MD	Zip Code 21043-4973	\vdash					44163127	4
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	federal political committee.	С			L.		,	7	22	.00
	Name of Employer	Occupation		_						
	United HealthCare Services Inc	Dir Preserv								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0		111	P/R Dedu	uctio	on (\$11.0	0 Bi-We	eekly)	
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	y information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (I	United for Health)	
Α.		5		Date of Receipt
	Mailing Address 11618 ROLLING MEADOW D	State	Zip Code	09 30 2013 Transaction ID : PR1806444731274
	GREAT FALLS	VA	22066-1342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation Six Sigma	Cnslt	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 2781 SADDLE CLUB ROAD			09 30 2013
	City GREENWOOD	State IN	Zip Code 46143-9211	Transaction ID : PR1806750131274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		23.08
	Name of Employer United HealthCare Services Inc	Occupation Dir Prov Sv		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) PAUL M EMERSON			Date of Receipt
	Mailing Address 18855 MEADOW VIEW BLVD			09 30 / Y Y Y Y Y
	City PRIOR LAKE	State MN	Zip Code 55372-3133	Transaction ID : PR1806750331274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer	Occupation	1	
	United HealthCare Services Inc	Bus Segme	ent CFO	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
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NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (United for Health)									
Full Name (Last, First, Middle Initial) A. CATHERINE K ANDERSON				Date of	Re	eceip	pt				
Mailing Address 37 W 2000 S				м м 09	/	D	30	/ Y)13	Y
City	State ID	Zip Code		Trans	acti	ion	ID : P	R1903	5507	31274	1
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Name of Employer	Occupation	1									
United HealthCare Services Inc	VP Bus Dv	lp									
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Full Name (Last, First, Middle Initial) B. KATHLEEN L BISHOP				Date of	Re	eceip	pt				
Mailing Address 145 COTTAGE RD				м м 09	/	D	30	/ Y	20	ү 13	Y
City	State	Zip Code		Trans	acti	ion	ID : P	R1903	5608	31274	
ENFIELD	СТ	06082-2208		Amount	of	Eac	ch Re	ceipt th	nis P	eriod	
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Full Name (Last, First, Middle Initial) C. ROBERT J DUFEK				Date of	Re	eceip	pt				
Mailing Address 816 PROMONTORY PLAC	E			м м 09	/	D	30	/ Y		13	Y
City EAGAN	State MN	Zip Code 55123-2297						PR1903			4
	IVIIN	55125-2297	_	Amount	of	Eac	ch Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С				_	7		7		50.	00
Name of Employer	Occupation	1									
United HealthCare Services Inc	VP IT										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	F	P/R Ded	uctio	on ((\$25.0	0 Bi-W	eekly	()	
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			Detailed Summary Page		1 1a		11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using th										
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) SUSAN B EDBERG				Date of	Re	eceipt				
	Mailing Address 9727 WELLINGTON RIDGE				м м 09	/	D D D	/ Y		у 013	Y
	City	State	Zip Code		Trans	act	ion ID :	PR1903	<u>578′</u>	13127	1
	WOODBURY	MN	55125-9592		Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7	3	_	200	00
	Name of Employer	Occupation	l								
	United HealthCare Services Inc	Bus Segme	ent COO								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		2000.00		P/R Ded	ucti	on (\$100).00 Bi-V	√ee⊧	dy)	
в.	Full Name (Last, First, Middle Initial) CHRISTOPHER T JOHNSON				Date of	Re	eceipt				
	Mailing Address 12880 53RD STREET NORT	Ή			м м 09	/	D D D 30	/ Y	2() 13	Y
	City	State	Zip Code		Trans	acti	ion ID : I	PR1903	591 1	131274	
	STILLWATER	MN	55082-1063		Amount	t of	Each R	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	78.	00
	Name of Employer United HealthCare Services Inc	Occupation VP Gen Mg									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P	/R Ded	uctio	on (\$39.0	00 Bi-We	ekly	y)	
	Full Name (Last, First, Middle Initial)		, , , , , , , , , , , , , , , , , , , ,	-							
C.	STEVEN F PENN				Date of	Re	eceipt				
	Mailing Address 6766 IDLEWOOD WAY				м м 09	1	о о 30	/ Y		у 013	Y
	City	State MN	Zip Code				ion ID :				4
	EDEN PRAIRIE	IVIIN	55346-3506	_	Amount	of	Each R	eceipt th	nis F	Period	
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	Name of Employer	Occupation	1								
	United HealthCare Services Inc	VP Finance	2								
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	Primary General Other (specify) ▼		280.00] 『	P/R Ded	ucti	on (\$14.	00 Bi-W	eekl	y)	
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Full Name (Last, First, Middle Initial)		,								
A. PAMELA JAMIAN				Date of	Re	ceipt				
Mailing Address 15316 COUTOLENC RD				м м	/	D ■ D 30	/ Y	20 ²		Y
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NAME OF COMMITTEE (In Full)	-						
UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)					
Full Name (Last, First, Middle Initial) A. SUSAN LYNN BERKEL			Date o	f Receipt			
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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) Full Name (Last, First, Middle Initial)	'			Detailed Summary Page	×	1 1a	$\mid \mid$	111		11c	12	
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Full Name (Last, First, Middle Initial) RICHARD A CROSS Mailing Address 11361 DONOVAN ROAD City State ROSSMOOR CA 90720-2931 FEC ID number of contributing federal political committee. C Name of Employer Occupation United HealthCare Services Inc Deputy Gen Counsel Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00				1920.00	P.	/R Dedu	JCtic	on (S	\$96.0	0 Bi-We	ekly)	
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City State Zip Code Transaction ID : PR2119471831274 ROSSMOOR CA 90720-2931 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 50.00 Name of Employer Occupation Deputy Gen Counsel Mgr United HealthCare Services Inc Deputy Gen Counsel Mgr Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi-Weekly) Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	C.	RICHARD A CROSS				Date of	Re	eceip	pt			
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)									
/												
Α.	Full Name (Last, First, Middle Initial) KENNETH R DAVIS				Date of	Re	ceipt					
	Mailing Address 315 N 71ST ST			09 30 _ 2013 _								
	City	State	Zip Code			acti	ion ID :		R21194			4
	SEATTLE	WA	98103-5019	/	Amount	of	Each F	Rec	eipt th	is P	eriod	
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	United HealthCare Services Inc	Med Dir										
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	Full Name (Last, First, Middle Initial) LINDA M DAYAN				Date of	Re	ceipt					
	Mailing Address 5364 E ABBEYFIELD ST				м м 09	/	30		/ Y	ү 20	13	Y
	City	State	Zip Code		Trans	acti	on ID :	PF	R21194	726	31274	
	LONG BEACH	CA	90815-3023	/	Amount	of	Each F	Rec	eipt th	is P	eriod	
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— с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address 1390 FINCH LN				м м 09	/	30		/ Y		13	Y
	City	State	Zip Code		Trans	acti	ion ID	P	R21194	1728	33127	4
	GREEN BAY	WI	54313-6400	/	Amount	of	Each F	Rec	eipt th	is P	eriod	
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	Primary General Other (specify)		300.00	P	/R Ded	uctio	on (\$15	5.00) Bi-We	ekly	/)	
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) AMY J GILDERNICK			Date of Receipt								
	Mailing Address 2709 WILLIAMS GRANT			09 30 Y Y Y Y Y Y 09 30 2013								Y
	City	State	Zip Code		Trans	acti	ion	ID : I	PR2119	4752	31274	4
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	Primary General Other (specify) ▼		400.00	P/	'R Ded	uctio	on ((\$20.0	00 Bi-W	eekly	/)	
в.	Full Name (Last, First, Middle Initial) DAVID M HANSEN				Date o	f Re	ecei	pt				
	Mailing Address 33 VIA CONOCIDO			09 / D D / Y Y Y Y 2013							Y	
	City	State	Zip Code		Trans	acti	ion	ID : F	R2119	4767	31274	1
	SAN CLEMENTE	CA	92673-7044	A	moun	t of	Ea	ch Re	eceipt th	nis P	eriod	
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с.	Full Name (Last, First, Middle Initial) SAMUEL W HO	I			Date o	f Re	ecei	pt				
	Mailing Address 4220 OCEAN DR				м м	1		30	/ Y		13	Y
	City	State	Zip Code		Trans	sacti	ion	ID : I	PR2119	4779	3127	4
	MANHATTAN BEACH	CA	90266-3059	A	moun	t of	Ea	ch Re	eceipt th	nis P	eriod	
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NAME OF COMMITTEE (In Full)	rporated PAC (I	Jnited for Health)									
Full Name (Last, First, Middle Initial) A. KEVIN D HOST)		Date of Receipt								
Mailing Address 14617 GRANT ST											
City	State	Zip Code		Trans	acti	ion ID	: P	R21194	4782:	31274	
OVERLAND PARK	KS	66221-2283	A	Amount	t of	Each	Re	ceipt th	nis Pe	eriod	
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United HealthCare Services Inc	VP Pharm 0	Ops									
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Full Name (Last, First, Middle Initial) B. BRIAN JEFFREY)			Date of	Re	ceipt					
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Full Name (Last, First, Middle Initial) C. JOHN D JONES)			Date of	Re	eceipt					
Mailing Address 3562 REDWOOD				м м 09	1	D 3		/ Y	201	ү 13	Y
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NAME OF COMMITTEE (In Full)								
> UnitedHealth Group Incorpo	rated PAC (United for Health)						
Full Name (Last, First, Middle Initial)								
A. MARK C KNUTSON			Date of	of Re	eceipt			
Mailing Address 19312 FAIRHAVEN EXT			09	VI /	30	/ Y	2013	Y
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Other (specify)		300.00	P/R De	ducti	on (\$15.	00 Bi-We	ekly)	
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Full Name (Last, First, Middle Initial) B. SANDY M LUEDKE			Date of	of Be	acaint			
Mailing Address 1208 COPRINUS DR						/ Y	YY	V
			09		30		2013	
City	State	Zip Code 54313-7286	Tran	sact	ion ID :	PR21194	82231274	4
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Full Name (Last, First, Middle Initial) C. HEATHER M MACE-MEADOI	२		Date of	of Re	eceipt			
Mailing Address 13531 CARLTON OAKS			M		D D	/ Y	Y Y	Y
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United HealthCare Services Inc								
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	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporat	ted PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) JEFFREY S MASON				Date of	Re	ceipt			
	Mailing Address 5670 SHEMIRAN ST				м м 09	/	30	/ Y	у у 2013	Y
	City	State	Zip Code		Trans	acti	on ID :	PR2119	48303127	4
	LA VERNE	CA	91750-2380	_	Amount	of	Each R	eceipt th	nis Period	
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	Name of Employer	Occupation								
	United HealthCare Services Inc	Sr Med Dir								
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	Primary General		300.00	P	P/R Dedu	uctic	on (\$15.	00 Bi-W	eekly)	
	Other (specify)		300.00	J.						
— B	Full Name (Last, First, Middle Initial) KEITH E NYGARD				Date of	Re	ceint			
	Mailing Address 1139 E OCEAN BOULEVAR	D			M M		D D	/ .	Y Y	V
	#106	.0			09	ľ	30		2013	
	City	State	Zip Code		Transa	actio	on ID : I	PR2119	48503127	4
	LONG BEACH	CA	90802-6521		Amount	of	Each R	eceipt th	nis Period	
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	Name of Employer	Occupation								
	United HealthCare Services Inc	Compli Cns	lt							
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	Mailing Address 2839 TIMBER LANE				м м 09	/	30	/ Y	2013	Y
	City	State	Zip Code		Trans	acti	on ID :	PR2119	48523127	4
	GREEN BAY	WI	54313-5841	·	Amount	of	Each R	eceipt th	nis Period	
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			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ng the hame and a	address of any pointcar commute	
UnitedHealth Group Incorpo	prated PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. LYNDA A PAXSON			Date of Receipt
Mailing Address 3924 E GARNET PL			M M / D D / Y Y Y Y 09 30 2013
City HIGHLANDS RANCH	State CO	Zip Code 80126-5044	Transaction ID : PR2119485831274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer United HealthCare Services Inc	Occupation Sr Field Ac		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. DIANA S PETE			Date of Receipt
Mailing Address 9010 MORNINGSTAR			M = M / D = D / Y = Y = Y = Y 09 30 2013
City SUGAR LAND	State TX	Zip Code 77479-3316	Transaction ID : PR2119486331274
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Name of Employer United HealthCare Services Inc	Occupatior Dir Utilizatio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$12.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MICHELLE LYNN PETERS			Date of Receipt
Mailing Address 1128 COUNTRYSIDE I	DR		09 30 2013
City DE PERE	State WI	Zip Code 54115-1040	Transaction ID : PR2119486431274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs		
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UnitedHealth Group Incorpora	ated PAC (I	United for Health)					
Full Name (Last, First, Middle Initial) A. AUSTIN T PITTMAN			Date o	f Receipt			
Mailing Address 14 LOCH RIDGE DRIVE			м м 09	/ D D 30	/ Y	2013	Y
City GREENSBORO	State NC	Zip Code 27408-3868		saction ID : I t of Each Re			4
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Full Name (Last, First, Middle Initial) B. CYNTHIA L POLICH			Date of	f Receipt			
Mailing Address 3401 E VIA PALOMITA			M M 09	/ D D 30	/ Y	2013	Y
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Full Name (Last, First, Middle Initial) C. JAMES E PROCHNOW			Date o	f Receipt			
Mailing Address 143 RUSTIC OAK DRIVE			M M 09	/ D D 30	/ Y	y y 2013	Y
City LUXEMBURG	State WI	Zip Code 54217-7320		saction ID : I t of Each Re			4
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SCHEDULE A (FEC Form 3X)

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\setminus	NAME OF COMMITTEE (In Full)									
\sum	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) SHARON A RICCIUTI				Date of	Re	ceipt			
	Mailing Address 55 PERENNIAL				м м 09	/	30	/ Y	2013	Y
	City	State	Zip Code			acti		PR2119	48793127	4
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в.	Full Name (Last, First, Middle Initial) MARILYNN D STYERS				Date of	Re	ceipt			
	Mailing Address 6485 WAYFINDERS CT				м м 09	/	30	/ Y	2013	Y
	City	State	Zip Code		Transa	acti	on ID : I	PR21194	49073127	4
	CARLSBAD	CA	92011-4076	_	Amount	of	Each R	eceipt th	nis Period	
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	United HealthCare Services Inc	VP Med Cli	n Ops							
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	Primary General Other (specify) V		400.00] '	P/R Dedu	uctic	on (\$20.0	00 Bi-We	ekly)	
— c.	Full Name (Last, First, Middle Initial) CHERYL TANIGAWA MD				Date of	Re	ceipt			
	Mailing Address 5598 NAPLES CANAL				M M	/	D D	/ Y	Y Y 2012	Y
	City	State	Zip Code		09 Trans	acti	30	PR2119	2013 49113127	4
	LONG BEACH	CA	90803-4018						nis Period	•
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	United HealthCare Services Inc	SVP Entrpr	s Hlth Svs							
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Any information copied from such Repo or for commercial purposes, other than			erson for the	purpose o	of soliciting	g contribut	tions
NAME OF COMMITTEE (In Full) UnitedHealth Group Inco	rporated PAC (United for Health)					
Full Name (Last, First, Middle Initial) A. CHERYL A THOMSON			Date o	of Receipt			
Mailing Address 222 FOREST DR			M = N 09	30		2013	Y
City SOBIESKI	State WI	Zip Code 54171-9748		saction ID			4
FEC ID number of contributing federal political committee.	C				7	30	.00
Name of Employer United HealthCare Services Inc	Occupatior Dir Compli	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Dec	duction (\$15	5.00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. STEVEN M TUCKER			Date o	of Receipt			
Mailing Address 12331 COUNTRY L			09	/ D 30		у у 2013	Y
City SANTA ANA	State CA	Zip Code 92705-3330		saction ID : nt of Each I			4
FEC ID number of contributing federal political committee.	С					192	.00
Name of Employer United HealthCare Services Inc	Occupatior VP Regl Af		_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1920.00	P/R Dec	duction (\$96	እ.00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. SUSAN VANASTEN			Date o	of Receipt			
Mailing Address W313 GOLDEN GL			09	/ D 30		у у 2013	Y
City KAUKAUNA	State WI	Zip Code 54130-7809		saction ID			4
FEC ID number of contributing federal political committee.	C				5	80	0.00
Name of Employer United HealthCare Services Inc	Occupatior Site Dir Me	n edicr Ins SIs					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R De	duction (\$4).00 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (or	btional)					302.	.00
TOTAL This Period (last page this line	e number only)	······					

Use separate schedule(s)

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or for commerce NAME OF C UnitedH Full Name (cial purposes, other than using COMMITTEE (In Full)		ay not be sold or used by any p	-		14	15	16	1 1
or for commerce NAME OF C UnitedH Full Name (cial purposes, other than using COMMITTEE (In Full)			erson tor the			- 11 - 111		17
UnitedH			ddress of any political committe						
/ Full Name (lealth Group Incorpor								
		ated PAC (l	Jnited for Health)						
	Last, First, Middle Initial) 3 WESTPHAL			Date	of Red	ceipt			
Mailing Add	ress 4536 ROCKY RUN LN			09	M /	30	/ Y	2013	Y
City		State	Zip Code		sactio		R2119	49323127	4
OCONTO		WI	54153-9268	Amou	nt of E	Each Re	ceipt th	is Period	
	nber of contributing ical committee.	С				,	7	23	08
Name of En	nployer	Occupation							
	thCare Services Inc	Dir Act Svs							
Receipt For		Aggregate	Year-to-Date ▼						
Prima	ry General (specify) ▼		230.80	P/R De	ductio	n (\$11.5	4 Bi-We	eekly)	
Other	(spechy) V		7	-					
	Last, First, Middle Initial)			Date	of Red	ceipt			
	ress 15442 NORTH 19TH WAY			09	M /	30	/ Y	ү ү 2013	Y
City		State	Zip Code			-	-	493531274	ł
PHOENIX		AZ	85022-3329	Amou	nt of E	Each Re	ceipt th	is Period	
	nber of contributing ical committee.	С		- E.		,	7	40.	00
Name of En		Occupation							
	hCare Services Inc	Assc Gen C	counsel						
Receipt For Prima		Aggregate	Year-to-Date ▼						
	(specify) ▼		400.00	P/R De	ductio	n (\$20.0	0 Bi-We	ekly)	
	Last, First, Middle Initial) DRY WRIGHT			Date	of Red	ceipt			
Mailing Add	ress 13901 MAUVE DRIVE			09		30	/ Y	2013	Y
City		State	Zip Code	Trar	nsacti	on ID : F	PR2119	49413127	4
SANTA AN	A	CA	92705-2649	Amou	nt of E	Each Re	ceipt th	is Period	
	nber of contributing ical committee.	С				,	J	50	.00
Name of En	nployer	Occupation							
	thCare Services Inc								
Receipt For		Year-to-Date ▼							
Prima Other	ry General (specify) ▼		500.00	P/R Deduction (\$25.00 Bi-Weekly)					
SUBTOTAL c	f Receipts This Page (optional)						-41-	113.	08

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information conied from such Panarta	and Statements m		erson for the purpose of soliciting contributions
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
> UnitedHealth Group Incorpo	brated PAC (United for Health)	
Full Name (Last, First, Middle Initial)			
A. GEORGE M YOUNG Mailing Address 36296 N 98TH WAY			Date of Receipt
Maining Address 30290 N 90111 WAT			09 30 _ 2013 _
City	State	Zip Code	Transaction ID : PR2119494431274
SCOTTSDALE	AZ	85262-3138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer	Occupation		
United HealthCare Services Inc Receipt For:	Regn Exec		_
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
Other (specify)		300.00	
		, ,	-
Full Name (Last, First, Middle Initial) B. FORREST G BURKE			Date of Receipt
Mailing Address 380 LEAF STREET			M M / D D / Y Y Y Y Y
0.1	01.11	Zin Onda	09 30 2013
City ORONO	State MN	Zip Code 55356-9733	Transaction ID : PR2133132431274
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	С		200.00
Name of Employer	Occupation	1	
United HealthCare Services Inc	Pres PS La	bor Trust	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2000.00	P/R Deduction (\$100.00 Bi-Weekly)
		3 3	1
Full Name (Last, First, Middle Initial) C. WILLIAM R COLEMAN			Date of Receipt
Mailing Address 831 RATLEY ROAD			
			09 30 2013
City	State CT	Zip Code	Transaction ID : PR2133132531274
WEST SUFFIELD		06093-2400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		24.00
	Occuration		
Name of Employer United HealthCare Services Inc	Occupatior Dir Clms	I	
Receipt For:		Year-to-Date ▼	_
Primary General	Aggregate		P/R Deduction (\$12.00 Bi-Weekly)
Other (specify)		240.00	1
SUBTOTAL of Receipts This Page (option	al)		254.00
TOTAL This Period (last page this line nu	mber only)		

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ITEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (Unite	ed for Health)								
Full Name (Last, First, Middle Initial) A. DANIEL M CUMMINGS			Date of Receipt							
Mailing Address 1929 FAIRMOUNT AV			09 30 / Y Y Y Y Y Y 2013							
City SAINT PAUL		/ip Code 55105-1539	Transaction ID : PR2133132631274							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer United HealthCare Services Inc	Occupation Dir Finance									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-1	to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) B. CHARLES W HANSON			Date of Receipt							
Mailing Address 4133 WHITE OAK LN			09 30 2013							
City EXCELSIOR		ip Code 5331-5702	Transaction ID : PR2133133131274 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer United HealthCare Services Inc	Occupation VP Underwriting									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. BROR O HULTGREN			Date of Receipt							
Mailing Address 408 22ND ST			09 30 2013							
City GOLDEN		ip Code 30401-2452	Transaction ID : PR2133133231274 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer	Occupation									
United HealthCare Services Inc										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optic	nal)		156.92							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check onl	y one)			
ILIVIIZED RECEITIO		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than usin							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorport	orated PAC (I	Jnited for Health)					
Full Name (Last, First, Middle Initial) ALLEN D MILLER			Date o	f Receipt			
Mailing Address 6209 CRESCENT DRIV	Έ		м м 09	/ D D 30	/ Y	ууу 2013	Y
City EDINA	State MN	Zip Code 55436-2530		action ID : t of Each R			1
FEC ID number of contributing federal political committee.	С					70.	00
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Regn Exec	Dir					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	P/R Ded	uction (\$35.	00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. SUSAN C MORISATO			Date o	f Receipt			
Mailing Address 238 ARDMORE ROAD	01-14	7. 0.4	09	/ D D 30	/ Y	у у 2013	Y
City DES PLAINES	State IL	Zip Code 60016-2119		action ID : I t of Each R			•
FEC ID number of contributing federal political committee.	C				,	386.0	00
Name of Employer United HealthCare Services Inc	Occupation Pres Insura		_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3860.00	P/R Ded	uction (\$193	3.00 Bi-W	'eekly)	
Full Name (Last, First, Middle Initial) C. KIMBERLY ALLENE NETTLE	ETON		Date o	f Receipt			
Mailing Address 5003 DARNELL			м м 09	/ D D 30	/ Y	2013	Y
City HOUSTON	State TX	Zip Code 77096-1510		saction ID : t of Each R			4
FEC ID number of contributing federal political committee.	С				- 7	30.	.00
Name of Employer	Occupation	l					
United HealthCare Services Inc Receipt For:	Dir Gen Mg	·					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Dec	luction (\$15.	00 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (option	al)				- 7	486.0	00
TOTAL This Period (last page this line nu	mber only)						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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					13		14	15	16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	contribu	tions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)							
Δ.	Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM				Date of	Re	ceipt			
	Mailing Address 303 ELMWOOD PLACE WES	т			м м	/	30	/ Y	y y 2013	Y
	City	State	Zip Code		Trans	acti	ion ID : I	PR21331	3423127	4
-	MINNEAPOLIS	MN	55419-1349	A	mount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	7	384	.60
	Name of Employer	Occupation								
	United HealthCare Services Inc	SVP Financ	ial Plng Anlys							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		3846.00	P/	R Ded	uctio	on (\$192	.30 Bi-W	'eekly)	
	Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH				Date of	Re	ceipt			
	Mailing Address 2203 RIVER FALLS DRIVE				м м	/	30	/ Y	2013	Y
	City	State	Zip Code		Trans	acti	on ID : F	PR21331	3463127	4
-	KINGWOOD	ТХ	77339-3124	A	mount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,		50	.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Med Clir								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/I	R Dedu	uctio	on (\$25.0)0 Bi-We	ekly)	
	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 6069 WEATHERED OAK CT				м м 09	/	D D 30	/ Y	y y 2013	Y
	City WESTERVILLE	State OH	Zip Code 43082-8304						2843127	4
-		OIT	43082-8304	A	mount	of	Each Re	eceipt thi	is Period	
	FEC ID number of contributing federal political committee.	C				_	, .		76	6.92
	Name of Employer	Occupation								
	United HealthCare Services Inc	HIth Plan C	EO							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		769.20	P/	R Ded	uctio	on (\$38.4	46 Bi-We	ekly)	
sı	JBTOTAL of Receipts This Page (optional)								511	.52

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page		11a 13		11b	11c		12	1 -7
Any information copied from such Reports and or for commercial purposes, other than using t			erson fo							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. WAYNE MILLER			D	ate of	f Re	ceipt				
Mailing Address 19521 SIERRA SOTO RD			Ιſ	м м 09	/	30			013	Y
City IRVINE	State CA	Zip Code 92603-3840					PR214 Receipt			4
FEC ID number of contributing federal political committee.	С					7	7		40	.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation SVP Clnt R Aggregate					an (\$20	00 B: V	Veek		
Other (specify)		400.00		k Dea	uctio	on (\$20	.00 Bi-V	veeкi	У)	
Full Name (Last, First, Middle Initial) B. <u>LEAH C RUMMEL</u>			D	ate of	f Re	ceipt				
Mailing Address 12100 TRAUTWEIN ROAD				м м 09	/	30) 013	Y
City AUSTIN	State TX	Zip Code 78737-9358					PR214 Receipt			4
FEC ID number of contributing federal political committee.	С					,	, j		30.	.00
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/F	R Ded	uctio	on (\$15	.00 Bi-V	Veekl	y)	
Full Name (Last, First, Middle Initial) C. MICHAEL P SCHWARZ			D	ate of	f Re	ceipt				
Mailing Address 13935 WOODRIDGE PATH				м м 09	/	30			у 013	Y
City SAVAGE	State MN	Zip Code 55378-3155					: PR214 Receipt			4
FEC ID number of contributing federal political committee.	С			nouri			, teceipt			.00
Name of Employer	Occupation		_							
United HealthCare Services Inc Receipt For:	Dir Hlthcare		_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/F	R Ded	lucti	on (\$35	5.00 Bi-V	Veekl	y)	
SUBTOTAL of Receipts This Page (optional)				-		7	- 7	-	140.	00

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ITEMIZED RECEIPTS			for each category of the			(check only one)					
11	EIVILED NEVEIPIS		for each category of the Detailed Summary Page		11a		11b	11c	12		
	y information copied from such Reports and for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) DANNETTE L SMITH				Date of	Re	ceipt				
	Mailing Address 5414 BYSCANE LANE				м м 09	1	30	/ Y	2013	Y	
	City MINNETONKA	State MN	Zip Code 55345-5601						7 2993127 is Period		
	FEC ID number of contributing federal political committee.	С					7		386	6.00	
	Name of Employer United HealthCare Services Inc	Occupation Sr Deputy (Gen Counsel								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3860.00	F	P/R Ded	uctic	on (\$193	3.00 Bi-W	/eekly)		
в.	Full Name (Last, First, Middle Initial) RANDALL SMITH				Date of	Re	ceipt				
	Mailing Address 20607 BROADWATER DRIV		Zie Oode		м м 09	/	30		у у 2013		
	City LAND O LAKES	State FL	Zip Code 34638-8328	-			-		3003127 is Period		
	FEC ID number of contributing federal political committee.	С						,		8.08	
	Name of Employer United HealthCare Services Inc	Occupation VP Gen Mg									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.80	P	/R Dedu	uctio	on (\$11.5	54 Bi-We	ekly)		
с.	Full Name (Last, First, Middle Initial) MARGARET W SPARKS				Date of	Re	ceipt				
	Mailing Address 44 TOPANGA				м м 09	1	30	/ Y	2013	Y	
	City IRVINE	State CA	Zip Code 92602-2422				-		73023127 is Period		
	FEC ID number of contributing federal political committee.	С					7		100	0.00	
	Name of Employer United HealthCare Services Inc	Occupation VP Actuary									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00] F	P/R Ded	uctio	on (\$50.	00 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			•			1		509	.08	
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			for each category of the Detailed Summary Page		〈 11a		11b	11c	12		_
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	information copied from such Reports and S or commercial purposes, other than using the										5
	AME OF COMMITTEE (In Full)										
\rangle (JnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
	ull Name (Last, First, Middle Initial)										
· · · -	DAVID A SPIVACK				Date of	Re	ceipt				
N	lailing Address 37 HIDDEN TRAIL				м м 09	1	30		2013	Y	
C	ity	State	Zip Code			acti		PR2162		274	i .
	RVINE	CA	92603-0212		Amount	of	Each F	Receipt tl	nis Perio	d	
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fe	ederal political committee.	U					7	7			
N	ame of Employer	Occupation									
	nited HealthCare Services Inc	SVP Bus O									
K	eceipt For: Primary General	Aggregate	Year-to-Date ▼	,	יאים מאס		n (¢10	2.30 Bi-V	Nockhy		
	Other (specify)		3846.00		-/R Deul	ucii	JII (⊅19	2.30 DI-V	veekiy)		
			/	<u> </u>							
	ull Name (Last, First, Middle Initial) KURT C LEWIS				Date of	Re	ceipt				
	lailing Address 961 RIVER FOREST DRIVE				M M	/	DI) / Y	Y Y	Y	
_					09		30		2013		
	ity IAINEVILLE	State OH	Zip Code 45039-7720				-	PR2203			
			43039-7720		Amount	OT	Each F	Receipt tl	iis Perio	a	_
	EC ID number of contributing ederal political committee.	С			L.		7	7	2	23.08	
	ame of Employer	Occupation									
_	nited HealthCare Services Inc	KA VP SIs A	Acct Mgmt								
R	eceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		230.80	1 F	P/R Dedu	uctio	on (\$11	.54 Bi-W	ekly)		
	ull Name (Last, First, Middle Initial) CHRISTINE W GIBSON				Date of	Re	ceint				
	lailing Address 8516 29TH AVE N				M M	/	D	D / Y	Y Y	Y	
_					09		30		2013		
	ity NEW HOPE	State MN	Zip Code 55427-2622					PR2225			
					Amount	of	Each F	Receipt tl	is Perio	d	_
	EC ID number of contributing ederal political committee.	С			L.				23	30.76	
N	ame of Employer	Occupation									
	Inited HealthCare Services Inc	VP Strat Ini									
-	eceipt For:		Year-to-Date ▼								
	Primary General			1 1	P/R Ded	ucti	on (\$11	5.38 Bi-\	Veekly)		
	Other (specify)		2307.60	4							
						-				-	
SU	BTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••		<u> </u>	_	7	7	63	8.44	
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SCHEDULE A (FEC Form 3X) ...

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	MIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
Anv	information copied from such Reports and S	tatements ma		erson f	13 for the	 puri	14 Dose of	15 f solicitin	d contribu	utions
or fo	or commercial purposes, other than using the									
	IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	United for Health)							
	ull Name (Last, First, Middle Initial) ANDREW M SLAVITT				Date of	Re	ceipt			
N	Aailing Address 5125 MIRROR LAKES DRIVE				м м 09	/	30		2013	Y
	city EDINA	State MN	Zip Code 55436-1341						1674312 nis Perioc	
	EC ID number of contributing ederal political committee.	С					7		499	9.90
ι	lame of Employer Inited HealthCare Services Inc Receipt For:	Occupation Optum Exe	C							
1	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P.	/R Dedu	uctio	on (\$0.0	00 Bi-We	ekly)	
В. <u>_</u>	ull Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE				Date of	Re	ceipt			
_	Aailing Address 7 STRATFORD RD	04-14-	The Oracle		м м 09	/	30		2013	Y
	Sity FARMINGTON	State CT	Zip Code 06032-1444				-	-	81363127 nis Perioc	
F	EC ID number of contributing ederal political committee.	С			Anount	U	,	1000ipt 11		5.40
	lame of Employer Inited HealthCare Services Inc	Occupation SVP HIth Ac								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1154.00	P/	/R Dedu	uctio	on (\$57	.70 Bi-W	eekly)	
	ull Name (Last, First, Middle Initial)				Date of	Re	ceipt			
N	Aailing Address 10140 26TH AVENUE NORTI	4			м м 09	/	D 30		y y 2013	Y
	Sity PLYMOUTH	State MN	Zip Code 55441-3226						8184312	
	EC ID number of contributing ederal political committee.	С					7			0.00
N	lame of Employer	Occupation								
_	Jnited HealthCare Services Inc	Dir IT								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P	/R Ded	ucti	on (\$15	5.00 Bi-W	eekly)	
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			for each category of the Detailed Summary Page		X 11a		11b	11c	12	
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	y information copied from such Reports and S for commercial purposes, other than using the									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\big\rangle$	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) MICHAEL MCGUIRE				Date of	Re	ceint			
~ ·	Mailing Address 437 DRURY LANE					110		/ Y	Y Y	Y
					09	Ľ	30		2013	
	City	State	Zip Code		Transa	acti	on ID : F	PR22258	81883127	4
	WYCKOFF	NJ	07481-2204		Amount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		40	.00
	Name of Employer	Occupation								
	United HealthCare Services Inc	Hith Plan C	EO							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		400.00	114	P/R Dedu	uctic	on (\$20.0	0 Bi-We	ekly)	
			7 7	4						
в.	Full Name (Last, First, Middle Initial) ERIC S RANGEN				Date of	Re	ceipt			
	Mailing Address 15348 RED OAKS ROAD SE				м м 09	/	30	/ Y	2013	Y
	City	State	Zip Code						319331274	4
	PRIOR LAKE	MN	55372-1834		Amount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		384.	60
	Name of Employer	Occupation								
	United HealthCare Services Inc	SVP Chief A	Accting Off							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		3846.00] ⁶	P/R Dedu	ictic	on (\$192.	30 Bi-W	/eekly)	
<u></u> .	Full Name (Last, First, Middle Initial) JOHN D RYAN				Date of	Re	ceipt			
	Mailing Address 45 WESTMORELAND LN				M	/	DDD	/ Y	Y Y	Y
	City	State	Zip Code	_	09 Trans	acti	30	PR 2225	2013 81963127	4
	NAPERVILLE	IL	60540-5817						is Period	7
	FEC ID number of contributing federal political committee.	С					7			.92
	Name of Employer	Occupation								
	United HealthCare Services Inc	RVP CInt M	Igmt Svc							
	Receipt For:		Year-to-Date ▼							
	Primary General	33 - 3		111	P/R Dedu	uctio	on (\$38.4	16 Bi-We	eekly)	
	Other (specify)		769.20	4						
s	UBTOTAL of Receipts This Page (optional)					_			501.	52
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Т	OTAL This Period (last page this line number	only)			L					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 16						
	y information copied from such Reports and s for commercial purposes, other than using the				or the		pose		oliciting	contrib	
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate										
/ A.	Full Name (Last, First, Middle Initial) ROY THOMAS SAILOR			1	Date of	Re	ceipt	t			
	Mailing Address 276 COYOTE WILLOW DRI	Έ			м м 09	/		30	/ Y	ууу 2013	Y
	City	State	Zip Code		Trans	acti	ion II	D : P	R2225	8197312	74
	COLORADO SPRINGS	CO	80921-7631	/	Amount	of	Each	n Re	ceipt th	is Perio	b
	FEC ID number of contributing federal political committee.	С					7		Ţ	15	3.84
	Name of Employer	Occupation									
	United HealthCare Services Inc	Dir Clnt Svo	Acct Mgt								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1538.40	P.	/R Dedu	uctio	on (\$	76.9	2 Bi-We	eekly)	
	Full Name (Last, First, Middle Initial) MICHAEL LEE CORNE				Date of	Re	ceipt	t			
	Mailing Address 12642 CHIEFS COURT				м м 09	/		30	/ Y	2013	Y
	City	State	Zip Code		Transa	acti	on II) : P	R2231:	3469312	74
	FISHERS	IN	46037-9553	/	Amount	of	Each	n Re	ceipt th	is Perio	ł
	FEC ID number of contributing federal political committee.	С					7		7	28	3.00
	Name of Employer United HealthCare Services Inc	Occupation VP Regl Aff	S								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	R Dedu	uctio	on (\$	14.0) Bi-We	eekly)	
	Full Name (Last, First, Middle Initial) KAREN A DIPALMO				Date of	Re	ceipt	t			
	Mailing Address 7533 PRAIRIE VIEW DR				м м	/		30	/ Y	2013	Y
	City INDIANAPOLIS	State IN	Zip Code 46256-8408							3472312	
	FEC ID number of contributing federal political committee.	С			Amount	OT	Eacr	i Re	ceipt tr	iis Perioo 6	0.00
	Name of Employer	Occupation									
	Golden Rule Financial Corp.	Dir Ntwk Pr	ams								
	Receipt For:		Year-to-Date ▼	_							
	Primary General	nggregale		P	/R Ded	uctio	on (\$	30.0	0 Bi-W	eekly)	
	Other (specify)	L	600.00				(•				
S	UBTOTAL of Receipts This Page (optional)						-			241	.84

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	X	11a 13		11b		11c	12	1 1
	y information copied from such Reports and for commercial purposes, other than using th				or the		pose		oliciting	contrib	utions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) DARRELL S RICHEY				Date of	Re	eceipt				
	Mailing Address 10823 MOORS END CIRCL	E			м м	/	3		/ Y	2013	Y
	City FISHERS	State IN	Zip Code 46038-2612	A			-			3523312 is Perio	
	FEC ID number of contributing federal political committee.	С					1		J		60.00
	Name of Employer Golden Rule Financial Corp.	Occupation Deputy Ger	n Counsel Mgr								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00	P/	R Ded	ucti	on (\$8	0.0	0 Bi-We	ekly)	
в.	Full Name (Last, First, Middle Initial) MICHAEL R CONNLY	I			Date of	Re	eceipt				
	Mailing Address 570 MONTCALM PL				м м	1	3		/ Y	2013	Y
	City SAINT PAUL	State MN	Zip Code 55116-1730	A						5 258312 is Perio	
	FEC ID number of contributing federal political committee.	С					,		y	20	0.00
	Name of Employer United HealthCare Services Inc	Occupation Chief Tech									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/	R Dedu	uctio	on (\$1	00.	00 Bi-W	'eekly)	
с.	Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR	1			Date of	Re	eceipt				
	Mailing Address 11 CARRIAGE WAY				м м	/	3	D 0	/ Y	2013	Y
	City WHITE PLAINS	State NY	Zip Code 10605-5424	A						6 268312 is Perio	
	FEC ID number of contributing federal political committee.	С					7			11	5.40
	Name of Employer United HealthCare Services Inc	Occupation Med Dir									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1154.00	P/	′R Ded	ucti	on (\$5	57.7	′0 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)						7		7	47	5.40
т	OTAL This Period (last page this line number	r only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

		for each category of the			(check only one)					
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-									
Full Name (Last, First, Middle Initial) A. KEVIN DAVID KANTOLA			Date of	Receipt						
Mailing Address 7031 HALSTEAD DRIVI	Ξ		м м 09	/ D D 30	/ Y	y y 2013	Y			
City MINNETRISTA	State MN	Zip Code 55364-3201		action ID : PF of Each Rec			4			
FEC ID number of contributing federal political committee.	C				7	78.	.00			
Name of Employer United HealthCare Services Inc Receipt For:	Occupation VP IT Aggregate Yea	ır-to-Date ▼								
Other (specify) ▼		780.00	P/R Ded	uction (\$39.00	Bi-We	ekly)				
Full Name (Last, First, Middle Initial) B. DENNIS P O'BRIEN			Date of	Receipt						
Mailing Address 61 LOUGHLIN AVE	0111	7. 0. 4	09	/ D D 30	/ Y	ү ү 2013	Y			
City COS COB	State CT	Zip Code 06807-2621		action ID : PF			1			
FEC ID number of contributing federal political committee.	С			3	7	365.	36			
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwl	k Mgmt	_							
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 1403.96	P/R Dedu	uction (\$182.6	8 Bi-We	eekly)				
Full Name (Last, First, Middle Initial) C. JEFFERY RICHARD VERNE	Y		Date of	Receipt						
Mailing Address 266 WESTLEDGE ROA	D		M M 09	/ D D 30	/ Y	у у 2013	Y			
City WEST SIMSBURY	State CT	Zip Code 06092-2017		action ID : PI of Each Rec			4			
FEC ID number of contributing federal political committee.	С			7	7	115.	.40			
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt									
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1154.00	P/R Ded	uction (\$57.70) Bi-We	ekly)				
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 59 OF

	-	Use separate schedule(s)	(check only	/ one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports ar or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpor	ated PAC (I	United for Health)					
Full Name (Last, First, Middle Initial) A. SANJAY GARODIA			Date of	Receipt			
Mailing Address 282 MIDDAUGH			м м 09	/ D D 30		y y y 2013	Y
City CLARENDON HILLS	State IL	Zip Code 60514-1067		action ID : PF of Each Rec			
FEC ID number of contributing federal political committee.	С			, or Each field		76.9	92
Name of Employer United HealthCare Services Inc	Occupation COO IBS	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Ded	uction (\$38.46	Bi-Weeł	<ly)< td=""><td></td></ly)<>	
Full Name (Last, First, Middle Initial) DANIEL L OHMAN				Receipt			
Mailing Address 8970 MOOR PARK RUN			09	30		2013	Y
City DULUTH	State GA	Zip Code 30097-6621		action ID : PR			
FEC ID number of contributing federal political committee.	С				,	53.8	34
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.40	P/R Dedu	uction (\$26.92	Bi-Week	dy)	
Full Name (Last, First, Middle Initial) C. JEFFREY J CRUMBAUGH			Date of	Receipt			
Mailing Address 8850 COLEMAN BLVD #212			м – м 09	/ D D 30		y 2013	Y
City FRISCO	State TX	Zip Code 75034-3213		action ID : PF of Each Rec			
FEC ID number of contributing federal political committee.	С			7	,	28.0	00
Name of Employer	Occupation	1					
United HealthCare Services Inc Receipt For:	M R SIs Di						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Ded	uction (\$14.00) Bi-Weel	kly)	
SUBTOTAL of Receipts This Page (optional)			-7	7	158.7	<i>'</i> 6
TOTAL This Period (last page this line num	per only)				,		

SCHEDULE A (FEC Form 3X) DEACH

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PAGE 60 OF

IT!	EMIZED RECEIPTS	ECEIPTS Use separate schedule(s) for each category of the					
111			for each category of the Detailed Summary Page	X 11a	11b 11c	12	17
	y information copied from such Reports an for commercial purposes, other than using			erson for the p	urpose of solicitir	ng contribut	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	Jnited for Health)				
Α.	Full Name (Last, First, Middle Initial) JOHN M PRINCE			Date of	Receipt		
	Mailing Address 546 HARRINGTON ROAD			09	/ D D / 30	2013	Y
	City WAYZATA	State MN	Zip Code 55391-1550	Transa	ction ID : PR225	973843127	4
	FEC ID number of contributing federal political committee.	С			7 7	194	.00
	Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation Optum Exe Aggregate		P/R Dedu	ction (\$97.00 Bi-V	/eeklv)	
	Other (specify)	L	1940.00			, , , , , , , , , , , , , , , ,	
B.	Full Name (Last, First, Middle Initial) CHRISTOPHER L CRONN			Date of	Receipt		
	Mailing Address 1001 CONGRESS SUITE 300 City	State	Zip Code	09	/ D D / 30	2013	
	AUSTIN	TX	78701-5002		ction ID : PR227 of Each Receipt		4
	FEC ID number of contributing federal political committee.	С				76.	.92
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel Di					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dedu	ction (\$38.46 Bi-W	/eekly)	
	Full Name (Last, First, Middle Initial) SIMON L STEVENS			Date of	Receipt		
	Mailing Address 1716 EMERSON AVENUE			M M 09	/ D D / 30	2013	Y
	City MINNEAPOLIS	State MN	Zip Code 55403-2906		ction ID : PR236		4
	FEC ID number of contributing federal political committee.	С				217	.40
	Name of Employer	Occupation					
	United HealthCare Services Inc Receipt For:	EVP United	•				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2174.00	P/R Dedu	ction (\$108.70 Bi-	Weekly)	
		1		_			32

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 61 OF

	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16
or	for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	United for Health)	
A.	Full Name (Last, First, Middle Initial) CAROLE D CURRY			Date of Receipt
	Mailing Address 411 FLEECE FLOWER DRIV	/E		M = M / D = D / Y = Y = Y = Y 09 30 2013
	City	State	Zip Code	Transaction ID : PR2402315731274
	GAITHERSBURG	MD	20878-2646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer	Occupation	1	_
	United HealthCare Services Inc	Sr Proj Mgr	· II	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) JEANNE M DE SA	1		Date of Receipt
	Mailing Address 3000 TILDEN STREET NW #	¢204-1		09 30 2013
	City	State	Zip Code	Transaction ID : PR2402315931274
	WASHINGTON	DC	20008-3017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer United HealthCare Services Inc	Occupation VP Rsch	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial)	I		Date of Receipt
	Mailing Address 7 PIONEER DRIVE			09 30 2013
	City	State CT	Zip Code	Transaction ID : PR2402316531274
	ELLINGTON	U	06029-3221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer	Occupation	1	-
	United HealthCare Services Inc	Dir Mktg		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			156.00
Т	OTAL This Period (last page this line number	only)		•

SCHEDULE A (FEC Form 3X) -----

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	-	Use separate schedule(s)	(check only	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a			2	-
Any information copied from such Reports or for commercial purposes, other than usi				ourpose of sol	liciting cont		
NAME OF COMMITTEE (In Full)	-						
> UnitedHealth Group Incorpo	prated PAC (I	United for Health)					
Full Name (Last, First, Middle Initial) A. ANGELA DAWN KEPLEY CARF	RIER		Date of	Receipt			
Mailing Address 3219 PENINSULA DRIV	/E		M M M	/ D D 30	/ Y Y 201	Y Y	
City	State	Zip Code	_	action ID : PR			
JAMESTOWN	NC	27282-8717	Amount	of Each Rece	eipt this Pe	riod	
FEC ID number of contributing federal political committee.	С			9	,	40.00	
Name of Employer	Occupation	1					
United HealthCare Services Inc	Dir Med Cli	n Ops					
Receipt For:	Aggregate	Year-to-Date ▼		untion (POD DO	Di Mastela		
Other (specify)		400.00	P/R Deal	iction (\$20.00	ы-тлеекіу)		
Full Name (Last, First, Middle Initial) B. MARILYN LEVI-BAUMGARTEI	N		Date of	Receipt			
Mailing Address 4800 W 27TH ST			м м 09	/ D D 30	/ Y Y 201		
	State MN	Zip Code		action ID : PR			
SAINT LOUIS PARK	IVIIN	55416-1933	Amount	of Each Rece	eipt this Pe	riod	_
FEC ID number of contributing federal political committee.	С			3	7	40.00	
Name of Employer United HealthCare Services Inc	Occupation						
Receipt For:	Dir Gen Mg	Year-to-Date ▼					
Primary General Other (specify) ▼	Aggregate	400.00	P/R Dedu	iction (\$20.00	Bi-Weekly)		
Full Name (Last, First, Middle Initial) C. JAKE LOGAN			Date of	Receipt			
Mailing Address 4826 EAST CALLE REI			м м 09	/ D D 30	/ Y Y 201		
City PHOENIX	State AZ	Zip Code 85018-2931		action ID : PR			
		03010-2331	Amount	of Each Rece	eipt this Pe	riod	_
FEC ID number of contributing federal political committee.	С					50.00	
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:	Govt Rel D						
Primary General	Aggregate	Year-to-Date ▼	P/R Dedu	uction (\$25.00	Bi-Weeklv)		
Other (specify)		500.00					
SUBTOTAL of Receipts This Page (option	nal)				-	130.00	Д
TOTAL This Period (last page this line nu	mber only)						

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 63 OF

	EMIZED RECEIPTS		Detailed Summary Page		-		11b	_	11c		12	
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An or	y information copied from such Reports and S for commercial purposes, other than using the	name and a	ddress of any political committee	e to sol	icit coi	ntrib	utions f	sol from	such	con cor	mmitte	e.
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) MARIA MCCAULEY			C	Date of	f Re	ceipt					
	Mailing Address 7511 4TH AVENUE DRIVE N	W			м м	/	30		/ Y) 13	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR:	24023	184	31274	1
	BRADENTON	FL	34209-7219	A	mount	t of	Each F	Rece	eipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		40.	00
	Name of Employer	Occupation										
	United HealthCare Services Inc	Dir Gen Mg	mt									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		400.00	P/	R Ded	uctio	on (\$20	.00	Bi-We	ekly	')	
В.	Full Name (Last, First, Middle Initial) STACY S MCGRATH				Date of	f Re	ceipt					
	Mailing Address 5625 CHOWEN AVE S				м м 09	/	30		/ Y	20 ⁻	13	Y
	City	State	Zip Code		Trans	acti	on ID :	PR	24023	185	31274	
	EDINA	MN	55410-2345	A	mount	t of	Each F	Rece	eipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		30.	00
	Name of Employer United HealthCare Services Inc	Occupation Dir Proj Mg										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/	R Ded	uctic	on (\$15.	.00 E	Bi-Wee	ekly	')	
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt					
	Mailing Address 3430 GALT OCEAN DRIVE UNIT 1111				м м	/	30		/ Y)13	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR	24023	200)31274	4
	FORT LAUDERDALE	FL	33308-7047	A	mount	t of	Each F	Rece	eipt thi	s Pe	eriod	
	FEC ID number of contributing federal political committee.	С					<u></u>		7		384.	60
	Name of Employer	Occupation										
	United HealthCare Services Inc	CEO Spclty	Bens									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		3653.70	P/	'R Ded	luctio	on (\$19	2.30) Bi-W	eek	ly)	
s	UBTOTAL of Receipts This Page (optional)				-		5		7	_	454.0	60
Т	OTAL This Period (last page this line number	only)	••••••	. [,		7	_		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)		<u> </u>		
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				3	14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (United for Health)							
Full Name (Last, First, Middle Initial) A. LORI SWEERE LILIENTHAL			Da	te of	Rece	ipt			
Mailing Address 5701 S JOSH WYATT DR				м 09	/	30	/ Y	2013	Y
City	State	Zip Code	Т	ransa	ctior	ו ID : F	R2402	32023127	4
SIOUX FALLS	SD	57108-5225	Am	ount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7		7	386	.00
Name of Employer	Occupation	1	_						
United HealthCare Services Inc	EVP United	HIth Group							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		3860.00	P/R	Dedu	ction	(\$193	00 Bi-V	/eekly)	
			1						
Full Name (Last, First, Middle Initial) B. SHELLEY WIKE CRANLEY	I		Da	te of	Rece	ipt			
Mailing Address 3801 MAURICE COURT				м 09	/	30	/ Y	ү 2013	Y
City	State	Zip Code						4443127	4
LAS VEGAS	NV	89108-5245	Am	ount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				- 7		7	200	.00
Name of Employer	Occupation	1							
United HealthCare Services Inc	Dir Regl Aff	ŝ							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		2000.00	P/R	Dedu	ction	(\$100.	00 Bi-W	/eekly)	
Full Name (Last, First, Middle Initial) C. DANIEL J WEAVER			Da	te of	Rece	ipt			
Mailing Address 5271 HEATHERTON LANE	E			м 09	1	D ■ D 30	/ Y	2013	Y
City	State	Zip Code			action		PR2402	44463127	4
HIGHLANDS RANCH	CO	80130-6621	Am	ount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				- 7		- 7	28	.00
Name of Employer	Occupation	1							
United HealthCare Services Inc	Dir Gen Mg	gmt							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		280.00	P/R	Dedu	ction	(\$14.0	0 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optional).								614	00
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SCHEDULE A (FEC Form 3X) -----

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporat	ed PAC (l	United for Health)					
Full Name (Last, First, Middle Initial)							
A. JAY MANLIKER				of Receipt			
Mailing Address 4306 MOUNTAIN LANE			09		- D / Y 30	2013	Y
City	State	Zip Code			D : PR2402		4
WAUSAU	WI	54401-8543	Amour	nt of Each	n Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					40	.00
·							
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:	CEO TPA	Year-to-Date ▼	_				
Primary General	Aggregate		P/R De	duction (\$	20.00 Bi-We	eekly)	
Other (specify)		400.00					
Full Name (Last, First, Middle Initial)							
B. JAMES H BECKER			Date of	of Receipt	t		
Mailing Address 378 FERNDALE ROAD WES	ЭТ		M			Y Y	Y
City	State	Zip Code	09 		30 D : PR24024	2013 14513127	4
WAYZATA	MN	55391-1559			n Receipt th		
FEC ID number of contributing federal political committee.	С				5	307	.70
Name of Employer	Occupation		_				
United HealthCare Services Inc	SVP Ops						
Receipt For:	Aggregate	Year-to-Date ▼		duction (¢	152 05 D; M	(ookhy)	
Other (specify) V		3077.00	P/R Dec	auction (⊅	153.85 Bi-W	/еекіу)	
Full Name (Last, First, Middle Initial) C. JAMES C COLEMAN			Date of	of Receipt	t		
Mailing Address 4135 ETHAN DRIVE			09		30 / Y	y y 2013	Y
City EAGAN	State MN	Zip Code 55123-4908			D : PR2402		
	_	JJ12J-4900	Amour	nt of Each	n Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С					200).00
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:	SVP Empl I		_				
Primary General	Aggregate	Year-to-Date ▼		duction (¢	100.00 Bi-V	Veeklv)	
Other (specify)		2000.00		4401011 (4	100.00 DFV	· cony)	
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			Detailed Summary Page	×	11a		11b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the										
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
A.	Full Name (Last, First, Middle Initial) JAMES D DONOVAN				Date of	Re	ceipt				
	Mailing Address 2816 MONTREAUX DRIVE				м м 09	/	D D D 30	/ Y		о 13	Y
	City	State	Zip Code		Trans	acti	ion ID : F	PR2402	4453	331274	1
	FRISCO	TX	75034-1855		Amount	of	Each Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	130.	00
	Name of Employer	Occupation									
	United HealthCare Services Inc	SVP Bus D	ev Mktg								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		1300.00] ^P	/R Ded	uctio	on (\$65.0	0 Bi-We	ekly	¥)	
B.	Full Name (Last, First, Middle Initial) JOHN L LARSEN				Date of	Re	ceipt				
	Mailing Address 11688 TANGLEWOOD DRIVE	E			м м 09	/	30	/ Y)13	Y
	City	State	Zip Code		Trans	acti	on ID : F	R24024	4456	531274	
	EDEN PRAIRIE	MN	55347-4726		Amount	of	Each Re	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	,	_	386.	00
	Name of Employer United HealthCare Services Inc	Occupation Bus Segme									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3860.00] Р.	/R Dedi	uctio	on (\$193.	00 Bi-W	/eek	ly)	
с.	Full Name (Last, First, Middle Initial) JOY O HIGA				Date of	Re	ceipt				
	Mailing Address 2208 ELM AVENUE				м м 09	/	D D 30	/ Y) 13	Y
	City	State	Zip Code		Trans	acti	ion ID : I	PR2402	4462	231274	4
	MANHATTAN BEACH	CA	90266-2809	'	Amount	of	Each Re	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	60.	00
	Name of Employer	Occupation		\neg							
	United HealthCare Services Inc	Dir Regl Afl	s								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			P	/R Ded	uctio	on (\$30.0	00 Bi-W	eekl	y)	
	Other (specify)		600.00								
s	UBTOTAL of Receipts This Page (optional)						3	- 7		576.0	00
т	OTAL This Period (last page this line number	only)					,	,			

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	United for Health)	
Α.	Full Name (Last, First, Middle Initial) RUSSELL C PETRELLA			Date of Receipt
	Mailing Address 4 GRAMERCY PARK WEST APT #2 City	State	Zip Code	09 30 2013 Transaction ID : PR2402446431274
	NEW YORK	NY	10003-1717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Regn Pres Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) CORY ALEXANDER			Date of Receipt
	Mailing Address 4203 BRADLEY LANE			09 30 _2013 _
	City CHEVY CHASE	State MD	Zip Code 20815-5234	Transaction ID : PR2405428831274 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer United HealthCare Services Inc	Occupation VP Gov't Re		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAI	 D		Date of Receipt
	Mailing Address 406 LEWELEN CIRCLE	-		M M / D / Y
	City ENGLEWOOD	State NJ	Zip Code 07631-2021	Transaction ID : PR2405430231274
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	_
	United HealthCare Services Inc	Optum Exe	C	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 912.30	P/R Deduction (\$96.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			776.90
Т	OTAL This Period (last page this line number	only)		

Use separate schedule(s)

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1777	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)				
111			for each category of the Detailed Summary Page		la 🛛	1	1b	11c	12	_	_
A .				1			4	15	16		17
	y information copied from such Reports and s for commercial purposes, other than using th										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) PETER H WALSH			Dat	e of I	Rece	eipt				
	Mailing Address 495 HIGHCROFT ROAD				M	/	D D	/	Y Y	Y	1
		01-1-1	7		09		30	1.1	2013		
	City WAYZATA	State MN	Zip Code 55391-1548						4311312		
		_		Am	ount	DIE	acn R	eceipt t	his Peric	ba	_
	FEC ID number of contributing federal political committee.	С			-	- 7		7	19	94.00)
	Name of Employer	Occupation									
	United HealthCare Services Inc	Sr Deputy C	Gen Counsel								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D	Dert		. (@~ ~	00 0. 14	(بيارامم)		
	Other (specify)		1940.00	P/R	Deau	ctior	1 (\$97.	00 Bi-W	еекіу)		
			J J A	- L							
	Full Name (Last, First, Middle Initial) KAREN ANN SAELENS			Dat	e of l	Rece	eipt				
	Mailing Address 105 N FLORENCE AVE				м 09	/	D D D		ү ү 2013	Y]
	City	State	Zip Code						5448312		
	LITCHFIELD PARK	AZ	85340-4424	Am	ount	of E	ach R	eceipt t	his Peric	bd	
	FEC ID number of contributing federal political committee.	С				7			4	10.00	
	Name of Employer	Occupation									
	United HealthCare Services Inc	Exec Dir									
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		400.00	P/R	Deduc	ction	(\$20.	00 Bi-W	eekly)		
	Full Name (Last, First, Middle Initial) KATHLYN G WEE			Dat	e of I	Rece	eipt				
	Mailing Address 2225 46TH ST NW				м 09	/	30	/	_ 2013	Y	1
	City	State	Zip Code			ctio		PR2408	35450312	274	1.1
	WASHINGTON	DC	20007-1032	Am	ount	of E	ach R	eceipt t	his Peric	bd	
	FEC ID number of contributing federal political committee.	С						,	4	40.00)
	Name of Employer	Occupation		_							
	United HealthCare Services Inc	SVP State	SIs OptumI								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		380.00	P/R	Dedu	ctior	า (\$20.	00 Bi-W	/eekly)		
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information conied from such Description	and Otatamanta		13 14 15 16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	prated PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. GAIL KOZIARA BOUDREAUX			Date of Receipt
Mailing Address 841 HOLDEN COURT			M = M / D = D / Y = Y = Y = Y 09 30 2013
City	State	Zip Code	Transaction ID : PR2437119531274
LAKE FOREST	IL	60045-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.62
Name of Employer	Occupation	1	
United HealthCare Services Inc	EVP Gr Pre	es UHC	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		3846.20	P/R Deduction (\$192.31 Bi-Weekly)
		1	1
Full Name (Last, First, Middle Initial) B. JEFFREY SEAN CORZINE	1		Date of Receipt
Mailing Address 7649 EARLINGTON PA	RKWAY		M = M / D = D / Y = Y = Y = Y Y O
City	State	Zip Code	Transaction ID : PR2437119731274
DUBLIN	ОН	43017-3424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer	Occupation	1	
United HealthCare Services Inc	Dir Mktg Bu	is Dev	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. RITA FAYE JOHNSON-MILLS	S		Date of Receipt
Mailing Address 9727 SKY LANE			09 30 2013
City	State	Zip Code	Transaction ID : PR2437120131274
EDEN PRAIRIE	MN	55347-3814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer	Occupation	1	
United HealthCare Services Inc	VP Ops		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		454.62
TOTAL This Period (last page this line nur	mber only)	······	

SCHEDULE A (FEC Form 3X)

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	NIZED RECEIPTS		Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporat			
	ll Name (Last, First, Middle Initial) ACK S WEISS			Date of Receipt
Ma	iling Address 6245 NORTH 75 STREET			M M / D D / Y Y Y Y 09 30 2013
Cit	y COTTSDALE	State AZ	Zip Code 85250-4621	Transaction ID : PR2437120531274 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		50.00
Un	ine of Employer ited HealthCare Services Inc iceipt For: Primary General Other (specify) ▼	Occupation Bus Segme Aggregate		P/R Deduction (\$25.00 Bi-Weekly)
в . <u>Р</u>	II Name (Last, First, Middle Initial) AUL JOSEPH BALTHAZOR ailing Address 9013 FARNSWORTH AVEN			Date of Receipt
Cit		State	Zip Code	09 30 2013 Transaction ID : PR2437120731274
BF	ROOKLYN PARK	MN	55443-1754	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		120.00
Un	me of Employer ited HealthCare Services Inc	Occupation Bus Segme		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$60.00 Bi-Weekly)
c. <u>k</u>	II Name (Last, First, Middle Initial) ELLY L CLARK			Date of Receipt
	iling Address 13540 BIRCHWOOD AVENI			M / D / Y
Cit R	y OSEMOUNT	State MN	Zip Code 55068-3561	Transaction ID : PR2437121331274 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		76.92
Ur	ine of Employer nited HealthCare Services Inc	Occupation Bus Segme		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)
SUB	TOTAL of Receipts This Page (optional)			246.92

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly or	ne)			
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	erson for the	e pur	14 pose of	15 solicitinc	16 contribut	ions
or for commercial purposes, other than usin								
NAME OF COMMITTEE (In Full)	prated PAC (I	United for Health)						
Full Name (Last, First, Middle Initial) A. LAURA L NESS			Date	of Re	eceipt			
Mailing Address 10550 PINNACLE WAY			09		30) / Y	2013	Y
City WOODBURY	State MN	Zip Code 55129-4282					121531274 is Period	4
FEC ID number of contributing federal political committee.	С				7		78.	.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/R De	ducti	on (\$39.	.00 Bi-We	eekly)	
Full Name (Last, First, Middle Initial) B. JOHN W COSGRIFF			Date	of Re	eceipt			
Mailing Address 1837 SUMMIT LANE	Ctata	Zin Code	09		30		2013	
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137			-		121631274 is Period	4
FEC ID number of contributing federal political committee.	С				7		40.	00
Name of Employer United HealthCare Services Inc	Occupation Chief of Sta							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R De	ducti	on (\$20.	00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. PETER W RAINEY			Date	of Re	eceipt			
Mailing Address 3115 WEST 47 STREE	Т		M 09		30) / Y	ү ү 2013	Y
City MINNEAPOLIS	State MN	Zip Code 55410-1857					12753127 is Period	4
FEC ID number of contributing federal political committee.	C				7		230	.00
Name of Employer	Occupation	1						
United HealthCare Services Inc	VP Finance	9						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2300.00	P/R De	ducti	ion (\$11	5.00 Bi-V	/eekly)	
SUBTOTAL of Receipts This Page (option	al)			-	7	5	348.	00
TOTAL This Period (last page this line nu	mber only)			_	,			

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. ROBIN E LIPPERT		Date of Receipt
Mailing Address 522 4 STREET SOUTH EAST		09 30 / Y Y Y Y Y 09 30 2013
City WASHINGTON	State Zip Code DC 20003-4212	Transaction ID : PR2439928031274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3846.20	P/R Deduction (\$192.31 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. STEPHEN M HEYMAN		Date of Receipt
Mailing Address 5300 SHERRILL AVENUE		09 30 2013
City CHEVY CHASE	StateZip CodeMD20815-3720	Transaction ID : PR2444265731274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 19705 LAKEVIEW AVENUE		09 30 / Y Y Y Y 2013
City EXCELSIOR	State Zip Code MN 55331-9351	Transaction ID : PR2445015331274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	384.60
Name of Employer	Occupation	
United HealthCare Services Inc	Optum Exec	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3846.00	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		969.22
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	Jnited for Health)											
Full Name (Last, First, Middle Initial) DONALD S LANGER			Date of Receipt										
Mailing Address 5110 OAK RAMBLING DRI			M = M / D = D / Y = Y = Y 09 30 2013										
City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015431274										
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 Plan Pres	I											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) B. NANCY A LIND	Date of Receipt												
Mailing Address 2703 NORTHVIEW LANE			M = M / D = D / Y = Y = Y Y 09 30 2013										
City CEDAR FALLS	State IA	Zip Code 50613-1655	Transaction ID : PR2445016231274 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С	28.00											
Name of Employer United HealthCare Services Inc	Occupation Exec Dir												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. LILLI ANN HIRSH			Date of Receipt										
Mailing Address 7379 DEVIN LANE			09 30 / Y Y Y Y 2013										
City SHAKOPEE	State MN	Zip Code 55379-7029	Transaction ID : PR2445016731274										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer	Occupation	1											
United HealthCare Services Inc	Human Ca	bital Partner Mgr											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			96.00										

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			Detailed Summary Page		11a	$\left - \right $	11k	'⊢	11c		12				
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	for commercial purposes, other than using the	ne name and a	ddress of any political committee	e to sol	icit cor	ntrib	utio	ns fro	om such	n cor	nmitte	e.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporation	ted PAC (l	Jnited for Health)												
Α.	Full Name (Last, First, Middle Initial) MARK J DUHAIME				Date of	Re	ceip	ot							
	Mailing Address 5781 RUBY DRIVE			09 30 2013 Transaction ID : PR2445016931274											
	City TROY	State MI	Zip Code 48085-3922						R2445						
	FEC ID number of contributing federal political committee.	С				0	1		5		290.	29			
	Name of Employer United HealthCare Services Inc	Occupation VP Info Tec													
Ì	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 992.29	P/	R Ded	uctio	on (\$	\$251.	29 Bi-W	/eekl	y)				
	Full Name (Last, First, Middle Initial) EILEEN J LIVERANI				Date of	Re	ceip	ot							
	Mailing Address 100 BOSTOCK ROAD									_ 20 ⁻	ү 13	Y			
	City SHOKAN	State NY	Zip Code 12481-5400						R24601 ceipt th						
	FEC ID number of contributing federal political committee.	С					,		7		55.4	40			
	Name of Employer United HealthCare Services Inc	Occupation Dir Cust Se													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 554.00	P/	R Dedi	uctic	on (S	\$27.7	0 Bi-We	ekly)				
	Full Name (Last, First, Middle Initial) DANIEL KRAJNOVICH				Date of	Re	ceip	ot							
	Mailing Address 9958 BUTTONDOWN LANE				м м 09	/	D	о 30	/ Y	ү 20	13 13	Y			
	City ZIONSVILLE	State IN	Zip Code 46077-8135	A					R2460 ceipt th			ļ			
	FEC ID number of contributing federal political committee.	С					1				40.	00			
	Name of Employer	Occupation													
	United HealthCare Services Inc Receipt For:	Hith Plan C		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/	R Ded	uctio	on (\$20.0	0 Bi-We	eekly)				
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	Jnited for Health)																		
Α.	Full Name (Last, First, Middle Initial) JUNE THIELEN			[Date of	Re	eceipt														
	Mailing Address 6245 WAKEFIELD COURT	dress 6245 WAKEFIELD COURT									3	Y									
	City SHAKOPEE	State MN	Zip Code 55379-7091	Transaction ID : PR2460167531274 Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С			Amount	OT	Each	ке	ceipt th	is Per	27.6	60									
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	Primary General Other (specify)		276.00	P	'R Dedi	uctio	on (\$1	3.8	0 Bi-We	ekly)											
В.	Full Name (Last, First, Middle Initial) KARIN KEITEL				Date of	Re	eceipt														
	Mailing Address 3918 HAVEN ROAD				м м 09	/	3	0	/ Y	2013		Y									
		State MN	Zip Code 55345-2371						R24601			_									
	MINNETONKA FEC ID number of contributing federal political committee.	Imber of contributing								Amount of Each Receipt this Period											
	Name of Employer United HealthCare Services Inc	Occupation Bus Segme	nt Gen Counsel																		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/	R Dedu	uctic	on (\$5	0.00	0 Bi-We	ekly)											
с.	Full Name (Last, First, Middle Initial) JELKA S PETROVIC				Date of	Re	ceipt														
	Mailing Address 4454 PEPPER MILL LANE				м м 09	/	3	D 0	/ Y	2013		Y									
	City ORION	State MI	Zip Code 48359-2069						R2460 ceipt th												
	FEC ID number of contributing federal political committee.	С			Amount	U	tacii	ne	, ceipt th	is rei	40.0	00									
	Name of Employer	Occupation	1																		
	United HealthCare Services Inc	Hith Plan C	EO																		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00] P.	/R Ded	uctio	on (\$2	20.0	0 Bi-W€	ekly)											
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SCHEDULE A (FEC Form 3X) DEAEI

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	(check only one)								
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NAME OF COMMITTEE (In Full)	ig the name and a											
UnitedHealth Group Incorpo	prated PAC (l	Jnited for Health)										
Full Name (Last, First, Middle Initial) LARRY C RENFRO			Date of	Receipt								
Mailing Address 5 DOVE LANE			M = M 09	/ D D 30	2013	Y						
City ANDOVER	State MA	Zip Code 01810-2845		action ID : PR of Each Rece								
FEC ID number of contributing federal political committee.	С				384	4.60						
Name of Employer United HealthCare Services Inc Receipt For:		CEO Optum Year-to-Date ▼										
Other (specify) ▼		3846.00	P/R Ded	uction (\$192.30) Bi-Weekly)							
Full Name (Last, First, Middle Initial) B. DAVID B ORBUCH			Date of	Receipt								
Mailing Address 3370 SYCAMORE LANE			09	/ D D	2013	Y						
City PLYMOUTH	State MN	Zip Code 55441-2229		action ID : PR								
FEC ID number of contributing federal political committee.	С			of Each Rece		7.00						
Name of Employer United HealthCare Services Inc	Occupation Optum Exec											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00	P/R Dedu	uction (\$288.33	Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. ERIC J WEXLER			Date of	Receipt								
Mailing Address 7220 WILLOW OAK DR			М М 09	/ D D 30	2013	Y						
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081		action ID : PR of Each Rece								
FEC ID number of contributing federal political committee.	С				64	4.00						
Name of Employer	Occupation											
United HealthCare Services Inc Receipt For:		ent Gen Counsel										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00	P/R Ded	uction (\$32.00	Bi-Weekly)							
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	\square	11b 14		11c	12	17				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	Jnited for Health)												
Full Name (Last, First, Middle Initial) A. KAREN L WALKOWSKI				Date of	Re	ceipt								
Mailing Address 6359 COUNTRY ROAD	01-1-1-	7. 0.1	09 30 2013 Transaction ID : PR2463723431274											
City EDEN PRAIRIE	State MN	Zip Code 55346-1342				-								
FEC ID number of contributing federal political committee.	С			imount	OT	Each	Rec	eipt th	iis Perioc 4().00				
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Pro													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/	R Dedu	uctio	on (\$2	0.00) Bi-We	eekly)					
Full Name (Last, First, Middle Initial) B. SUE SCHICK				Date of	Re	ceipt								
Mailing Address 714 GREYTHORNE ROAD				м м 09	/	D 3	D 0	/ Y	2013	Y				
City WYNNEWOOD	State PA	Zip Code 19096-2511	Transaction ID : PR2480620531274 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C													
Name of Employer United HealthCare Services Inc	Occupation Hith Plan C													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	P/1	R Dedu	uctic	on (\$1	25.0	00 Bi-W	/eekly)					
Full Name (Last, First, Middle Initial)	Г			Date of	Re	ceipt								
Mailing Address W154N6076 HICKORY HOL	LOW CT			м м 09	/	D 3	D 0	/ Y	2013	Y				
City MENOMONEE FALLS	State WI	Zip Code 53051-5891	A						5415312 iis Perioc					
FEC ID number of contributing federal political committee.	С					,		7	28	3.00				
Name of Employer	Occupation	I	\neg											
United HealthCare Services Inc	Regn Exec													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	'R Dedi	uctio	on (\$1	4.00) Bi-We	eekly)					
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	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using th		v person for the purpose of soliciting contributions the to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	ed PAC (United for Health)											
Full Name (Last, First, Middle Initial) A. LILLIAN R HECKMAN		Date of Receipt										
Mailing Address 552 DEER LAKE CIRCLE		09 30 2013										
City BLUE BELL	State Zip Code PA 19422-1371	Transaction ID : PR2484542131274										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period										
Name of Employer United HealthCare Services Inc	Occupation Dir Proj Mgmt											
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) 3. MARK A PHILLIPS		Date of Receipt										
Mailing Address 1760 LUCY RIDGE CT		09 30 2013										
City CHANHASSEN	StateZip CodeMN55317-7661	Transaction ID : PR2484542631274 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	78.00										
Name of Employer United HealthCare Services Inc	Occupation SVP SIs											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial)	1	Date of Receipt										
Mailing Address 7659 COLDSTREAM DRIVE		M = M / D = D / Y = Y = Y Y 09 30 2013										
City CINCINNATI	State Zip Code OH 45255-3932	Transaction ID : PR2486697831274										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 900.00										
Name of Employer	Occupation											
United HealthCare Services Inc	VP Govt Rel											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	P/R Deduction (\$450.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number												

SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a		11b	11c	12			
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-									
Full Name (Last, First, Middle Initial) A. THOMAS B MANDERFELD			Date of	of Re	eceipt					
Mailing Address 4835 PENN AVENUE SC	OUTH		09	M /	D ■ D 30	/ Y	2013	Y		
City MINNEAPOLIS	State MN	Zip Code 55419-5258					9793127 is Period	4		
FEC ID number of contributing federal political committee.	С				7	7	80.	00		
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Gen Mg Aggregate		P/R De	ducti	on (\$40.0	00 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) DIRK C MCMAHON Mailing Address 60 WILDHURST ROAD			Date o		eceipt 30	/ Y	2013	Y		
City EXCELSIOR	State MN	Zip Code 55331-8461				-	5703127 4 is Period	l .		
FEC ID number of contributing federal political committee.	С				7		200.	00		
Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation Bus Segme Aggregate									
Other (specify) ▼		, 2000.00	P/R De	ductio	on (\$100	.00 Bi-W	eekly)			
Full Name (Last, First, Middle Initial) C. KATHRYN M SULLIVAN			Date of	of Re	eceipt					
Mailing Address 530 N LAKE SHORE DR	# 2309		M 09		D D 30	/ Y	2013	Y		
City CHICAGO	State IL	Zip Code 60611-7435					15753127 is Period	4		
FEC ID number of contributing federal political committee.	С				5		194	.00		
Name of Employer	Occupation	I								
United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1940.00	P/R De	ducti	on (\$97.0	00 Bi-We	eekly)			
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	EMIZED RECEIPTS	IPIS for each category of the Detailed Summary Page							11c	12											
	y information copied from such Reports and S for commercial purposes, other than using the										buti										
	NAME OF COMMITTEE (In Full)	and and a		10 30		1010	,	13 110	an suc	ii com	mue	···									
	UnitedHealth Group Incorporate	ed PAC (l	United for Health)																		
Α.	Full Name (Last, First, Middle Initial) MARTIN C TOOMB	Date of Receipt																			
	Mailing Address 4 STANLEY TERRACE									09 30 2013 Transaction ID : PR2538641531274											
	City DOVER	State NJ	Zip Code 07801-1605																		
	FEC ID number of contributing	C	0/001-1003	_ /	Amount	t of	Eacl	n Re	ceipt th	nis Peri	od 30.(00									
	federal political committee. Name of Employer					-	7	_	- 7												
		Occupation																			
	United HealthCare Services Inc Receipt For:	VP IT		_																	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P	/R Ded	uctio	on (\$	15.0	0 Bi-We	eekly)											
	Full Name (Last, First, Middle Initial) KARA V SMITH				Date of Receipt																
	Mailing Address 610 CRESTWOOD DRIVE				M M 09	1	D	30	/ Y	2013		Y									
	City	State	Zip Code	Transaction ID : PR2540175331274																	
	ALEXANDRIA	VA	22302-2533		Amount																
	FEC ID number of contributing federal political committee.	С		557.66																	
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re																			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3326.96	P/R Deduction (\$278.83 Bi-Weekly)																	
	Full Name (Last, First, Middle Initial) HYLLIUS R EDWARDS				Date of	Re	eceip	t													
	Mailing Address PO BOX 44246				м м 09	/		30	/ Y	y 2013		Y									
	City	State	Zip Code		Trans	acti	ion l	D : P	R2541	300431	274										
	DENVER	CO	80201-4246		Amount	t of	Eacl	n Re	ceipt th	nis Peri	od										
	FEC ID number of contributing federal political committee.	С					,		ŋ	·	100.0	00									
	Name of Employer	Occupation																			
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	Receipt For:		Year-to-Date ▼	_																	
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16	17								
Any information copied from such Reports a or for commercial purposes, other than usin			erson for the purpose of s	soliciting contribu	tions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)											
Full Name (Last, First, Middle Initial) A. PATRICIA A PURDY			Date of Receipt										
Mailing Address 7417 LYNNHURST STR			M = M / D = D / Y = Y = Y Y 09 30 2013										
City CHEVY CHASE	State MD	Zip Code 20815-3101	Transaction ID : P										
	WID	20013-3101	Amount of Each Re	ceipt this Period									
FEC ID number of contributing federal political committee.	С			266	6.66								
Name of Employer	Occupation	I											
United HealthCare Services Inc	Dir Govt Re	əl											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		399.99	P/R Deduction (\$133.	33 Bi-Weekly)									
Full Name (Last, First, Middle Initial) B. JOELLE M TIERNEY	1		Date of Receipt										
Mailing Address 1115 OAK WAY			09 30	2013	Y								
City	State	Zip Code	Transaction ID : P	R254130073127	4								
MADISON	WI	53705-1420	Amount of Each Re	ceipt this Period									
FEC ID number of contributing federal political committee.	С			28	.00								
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re		_										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.0	0 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. JOHN VERSAGGI			Date of Receipt										
Mailing Address 800 ALBANY AVENUE			09 30	/ Y Y Y 2013	Y								
City	State	Zip Code	Transaction ID : F	R254130083127	4								
ALEXANDRIA	VA	22302-3501	Amount of Each Re	ceipt this Period									
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Name of Employer	Occupation	1	_										
United HealthCare Services Inc	Dir Govt Re	el											
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Primary General			P/R Deduction (\$96.1	6 Bi-Weekly)									
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r for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporation	ted PAC (l	Jnited for Health)							
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
Mailing Address 5338 SPILMAN AVENUE				м м	1	30	/ Y	ү ү 2013	Y
City	State	Zip Code						2453127	
SACRAMENTO	CA	95819-1734	A	Mount	of	Each Re	eceipt thi	is Period	
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Name of Employer	Occupation								
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Primary General			P/	'R Dedu	uctio	on (\$50.0	00 Bi-We	ekly)	
Other (specify)		1000.00	J _						
Full Name (Last, First, Middle Initial) BRENDAN HOSTETLER				Date of	Re	ceipt			
Mailing Address 2309 W WINNEMAC AVE				M M	/	D D	/ Y	Y Y	Y
				09	L	30	JL	2013	
City	State	Zip Code						4193127	
CHICAGO	IL	60625-1817	A	\mount	of	Each Re	eceipt th	is Period	
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Primary General			P/I	R Dedu	uctio	on (\$30.0)0 Bi-We	ekly)	
Other (specify)		600.00							
Full Name (Last, First, Middle Initial))	-				
RICHARD E RAMSAY Mailing Address 543 E LURAY AVE				Date of	Ke			V	V.
				м м 09		30	/ Y	2013	T
City	State	Zip Code						54223127	
ALEXANDRIA	VA	22301-1605	A	\mount	of	Each Re	eceipt thi	is Period	
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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	o 🗌	11c		12			
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	y information copied from such Reports and S for commercial purposes, other than using the													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	United for Health)											
A.	Full Name (Last, First, Middle Initial) IPYANA SPENCER				Date of	f Re	eceip	ot						
	Mailing Address 4226 40TH STREET NORTH			M = M / D = D / Y = Y = Y 09 30 2013										
	City	State	Zip Code		Trans	act	ion	ID : P	R2542	5423	31274			
	ARLINGTON	VA	22207-4610	/	Amount	t of	Eac	ch Reo	ceipt th	is Pe	eriod			
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	Name of Employer	Occupation	1											
	United HealthCare Services Inc	Govt Rel Di	ir											
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в.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceip	ot						
	Mailing Address 9905 WOODLAND DRIVE	State Zip Code												
	City													
	SILVER SPRING	MD	20902-4047	/	Amount	t of	Eac	ch Reo	ceipt th	is Pe	eriod			
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	Name of Employer United HealthCare Services Inc	Occupation Dir Regl Aff												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/	/R Ded	uctio	on (\$	\$15.00) Bi-We	ekly))			
с.	Full Name (Last, First, Middle Initial) CHANTA G COMBS				Date of	f Re	eceip	ot						
	Mailing Address 4229 SUMMERTREE DRIVE				м м 09	/	D	30	/ Y	20 [°]	ү 13	Y		
	City TALLAHASSEE	State FL	Zip Code 32311-3331						R2552: ceipt th			1		
	FEC ID number of contributing federal political committee.	С					7		7	_	76.	92		
	Name of Employer	Occupation	1											
	United HealthCare Services Inc	Govt Rel D	ir											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		4769.20	P.	/R Ded	lucti	ion (\$38.4	6 Bi-We	ekly	')			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)																		
Full Name (Last, First, Middle Initial) A. JEANNE M PACE	Date of Receipt																			
Mailing Address 458 MORENO ROAD										09 30 / Y Y Y Y Y 2013										
City	State PA	Zip Code		Transaction ID : PR2552313731274																
WYNNEWOOD	FA	19096-1124	An	nount	of I	Each	Re	ceipt th	is Perio	bd										
FEC ID number of contributing federal political committee.	С					7		9		78.00										
Name of Employer	Occupation	l																		
United HealthCare Services Inc	KA Sr Acct	Exe																		
Receipt For:	Aggregate	Year-to-Date V																		
Primary General Other (specify) ▼		780.00	P/R	Dedu	uctio	on (\$3	9.0	0 Bi-We	ekly)											
Full Name (Last, First, Middle Initial) B. KEVIN BROOKS			Da	ate of	Ree	ceipt														
Mailing Address 2750 FOUNTAIN LANE NOR	TH		ĪV	09	/	3		/ Y	2013	Y										
City	State	Zip Code	Т	Transaction ID : PR2552961031274 Amount of Each Receipt this Period																
PLYMOUTH	MN	An	nount	of I	Each	Re	ceipt th	is Perio	bd											
FEC ID number of contributing federal political committee.	С			28.00																
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg	1																		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R	Dedu	ıctio	n (\$1	4.00) Bi-We	ekly)											
Full Name (Last, First, Middle Initial) C. MARK A BRUNELL			Da	ate of	Ree	ceipt														
Mailing Address 20 VERMILION CLIFFS			Ν	09	/	D 3	0	/ Y	2013	Y										
City	State	Zip Code	Г	Fransa	acti	on ID	: P	R25529	961231	274										
ALISO VIEJO	CA	92656-8096	An	nount	of I	Each	Re	ceipt th	is Perio	bd										
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Name of Employer	Occupation	1																		
United HealthCare Services Inc	Dir Clnt Svo	c Acct Mgt																		
Receipt For:		Year-to-Date ▼																		
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee												
NAME OF COMMITTEE (In Full)	ated PAC (United for Health)												
Full Name (Last, First, Middle Initial) A. JEREMY VAUGHN BRYANT		Date of Receipt											
Mailing Address 11700 ARBORHILL DRIV		M = M / D = D / Y = Y = Y Y 09 30											
City ZIONSVILLE	State Zip Code IN 46077-9683	Transaction ID : PR2552961331274											
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period											
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation KA Dir Acct Mgmt Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$35.00 Bi-Weekly)											
Full Name (Last, First, Middle Initial) B. MICHAEL A EHLMAN		Date of Receipt											
Mailing Address 10051 VALLEY RIDGE CO		09 30 2013											
City	State Zip Code NV 89148-7602	Transaction ID : PR2552962231274											
LAS VEGAS FEC ID number of contributing federal political committee.	NV 89148-7602	Amount of Each Receipt this Period											
Name of Employer Health Plan of Nevada	Occupation Dir Apps Dev	_											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)											
Full Name (Last, First, Middle Initial) C. SCOTT F FLANNERY		Date of Receipt											
Mailing Address 8508 TRELADY CT		09 30 2013											
City PLANO	StateZip CodeTX75024-6827	Transaction ID : PR2552962331274 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	78.00											
Name of Employer	Occupation	-											
United HealthCare Services Inc	Regn Growth Off												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)											
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (L	Inited for Health)	
	Full Name (Last, First, Middle Initial) WILLIAM W GWINN JR			Date of Receipt
_	Mailing Address 9302 CENTURY OAK COURT			09 30 / Y Y Y Y Y Y
	City BRENTWOOD	State TN	Zip Code 37027-3321	Transaction ID : PR2552962631274
F	FEC ID number of contributing rederal political committee.	С		Amount of Each Receipt this Period 28.08
	Name of Employer Jnited HealthCare Services Inc	Occupation Dir Proj Rsc	h Mgmt	
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.80	P/R Deduction (\$14.04 Bi-Weekly)
	Full Name (Last, First, Middle Initial)			Date of Receipt
Ν	Mailing Address 25932 PORTAFINO DRIVE			09 30 2013
	City MISSION VIEJO	State CA	Zip Code 92691-5716	Transaction ID : PR2552962731274 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		78.00
	Name of Employer Jnited HealthCare Services Inc	Occupation VP Gen Mgr	nt	
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial)			Date of Receipt
Ν	Mailing Address 7705 WALDEN BLVD			09 30 / Y Y Y Y 2013
	City WAUSAU	State WI	Zip Code 54401-9006	Transaction ID : PR2552962831274
F	FEC ID number of contributing rederal political committee.	С		Amount of Each Receipt this Period
1	Name of Employer	Occupation		
	United HealthCare Services Inc	VP IT		
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
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			Detailed Summary Page		11a 13		11b 14	11	-	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f solic	iting o	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate					-					
A.	Full Name (Last, First, Middle Initial) GREGORY J JAMES				Date of	Re	eceipt				
	Mailing Address 2323 KINGS POINT DRIVE				м м	/	D 30			y y 2013	Y
	City LARGO	State FL	Zip Code 33774-1009				-			323127	4
	FEC ID number of contributing federal political committee.	С			mount	10	Each I	Receip	ot this	Period 78	.00
	Name of Employer United HealthCare Services Inc	Occupation Med Dir									
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B.	Full Name (Last, First, Middle Initial) JARRETT T JEDLICKA				Date of	Re	eceipt				
	Mailing Address 554 SPRUCE ST	.			м м 09	1	D 30			у у 2013	Y
	City EAGAN	State MN	Zip Code 55123-4914							333127 Period	4
	FEC ID number of contributing federal political committee.	С				. 01	,		7		.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgr	nt								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/	R Dedu	uctio	on (\$40).00 Bi	-Wee	kly)	
с.	Full Name (Last, First, Middle Initial) BRADLEY C JOHNSON				Date of	Re	eceipt				
	Mailing Address 6705 SOUTHCREST DRIVE				м м 09	1	D 30			ү ү 2013	Y
	City EDINA	State MN	Zip Code 55435-1549	Δ						343127 Period	4
	FEC ID number of contributing federal political committee.	С					,		,		.00
	Name of Employer	Occupation									
	United HealthCare Services Inc	Dir Bus Pro	cess								
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	of COMMITTEE (In Full) dHealth Group Incorporate	ed PAC (l	Jnited for Health)								
	ne (Last, First, Middle Initial) SIMHAN KIDAMBI				Date of	Re	ceipt				
Mailing	Address 18477 85TH AVE N				м м 09	/	30	/ Y	201		1
City MAPLE	GROVE	State MN	Zip Code 55311-1663				on ID :	PR25529 leceipt th	96383	1274	
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United H	f Employer lealthCare Services Inc	Occupation Assc Dir Bu									
	For: rimary General ther (specify) v	Aggregate	Year-to-Date ▼ 400.00		P/R Ded	uctio	on (\$20.	.00 Bi-We	eekly)		
	ne (Last, First, Middle Initial) KMACLEOD				Date of	Re	ceipt				
	Address 15314 JEFFERS PASS NW				м м 09	/	D D D 30	/ Y	2013		
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	ne (Last, First, Middle Initial) HELLE MARTO				Date of	Re	ceipt				
	Address 149 WILLIAMSBURG COURT				м м 09	/	30) / Y	2013		
City ALBAN	Y	State NY	Zip Code 12203-5502					PR2552			
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) CARL A MATTSON			[Date o	f Re	ecei	ipt				
	Mailing Address 539 ROUTE 9P				м м 09	/	C	30	/ Y		у 013	Y
	City SARATOGA SPRINGS	State NY	Zip Code 12866-7279	-					PR2552			4
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в.	Full Name (Last, First, Middle Initial) REBECCA BALLARD MCCABE			[Date o	f Re	ecei	ipt				
	Mailing Address 111 CONNORS CIRCLE				м м 09	/	Γ	D D D 30	/ Y)13	Y
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	R Ded	luctio	on	(\$14.0	0 Bi-W	eekly	/)	
С.	Full Name (Last, First, Middle Initial) MICHAEL D MORRIS				Date o	f Re	ecei	ipt				
	Mailing Address 2624 N HARTLAND COURT				м м 09	/		30	/ Y)13	Y
	City CHICAGO	State IL	Zip Code 60614-4955						PR2552 eceipt tl			4
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	Name of Employer	Occupation										
	United HealthCare Services Inc Receipt For:	KA Dir Acct	3	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.80	P	/R Dec	ducti	ion	(\$11.	54 Bi-W	eekl	y)	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) LESLIE K PAULUS				Date of	Re	ceipt				
	Mailing Address 305 E TUCKEY LN				м – м 09	/	30	/ Y	y 201		ſ
	City PHOENIX	State AZ	Zip Code 85012-1048					PR2552			
	FEC ID number of contributing federal political committee.	С					7			28.0	00
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	Full Name (Last, First, Middle Initial) GARY W PEKA				Date of	Re	ceipt				
	Mailing Address 1122 FALLS CURVE	01-1-	7: 0.4		м м 09	/	D D D 30	/ Y	201		
	City CHASKA	State MN	Zip Code 55318-1275				-	PR25529 leceipt th			
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	Other (specify) ▼ Full Name (Last, First, Middle Initial) DONALD W POTTER JR	L	280.00		Date of	Re	ceipt				
	Mailing Address 116 FULLER LANE				м м 09	/	D D 30	/ Y	201		ſ
	City WINNETKA	State IL	Zip Code 60093-4213				-	PR2552			
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	Name of Employer United HealthCare Services Inc Receipt For:		Relationship								
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SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)	L						
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NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (Jnited for Health)									
Full Name (Last, First, Middle Initial) A. KRISTINE G SAMSEL			Date o	f Receipt							
Mailing Address 91 WAVERLY RD			09	/ D I) / Y	2013	Y				
City	State	Zip Code	Trans	saction ID :	PR2552	965731274	1				
HUNTINGTON	СТ	06484-5835	Amoun	t of Each F	Receipt th	is Period					
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Full Name (Last, First, Middle Initial) B. THOMAS D SCIUTO			Date o	f Receipt							
Mailing Address 160 ACORN LANE			M M 09	/ D C) / Y	2013	Y				
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MILFORD	СТ	06461-1876	Amoun	unt of Each Receipt this Period							
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Full Name (Last, First, Middle Initial) C. BARRY R STREIT			Date o	f Receipt							
Mailing Address 5421 KELLOGG AVENUE	Ξ		09	/ D 0		2013	Y				
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		Detailed Summary Page		11a		11b	11c	12	
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B. THOMAS C VANDERHEYDEN			[Date of	Re	eipt			
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AARON C WACKER			r	Date of	Re	ceipt			
Mailing Address 4704 CAVAN ROAD			-				/	YY	Y
				09	Ĺ	30	, Ľ.	2013	
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\	IAME OF COMMITTEE (In Full) JnitedHealth Group Incorporate	d PAC (l	United for Health)								
۶ ۹.	ull Name (Last, First, Middle Initial) SCOTT A NAASZ				Date of	Re	ceip	ot			
_	Aailing Address 14327 BLUEBIRD TRAIL NE				м м 09	/	D	30	/ Y	2013	Y
	ity PRIOR LAKE	State MN	Zip Code 55372-1204	-						47473127	-
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	leceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Dedu	uctic	on (S	\$14.00	0 Bi-We	eekly)	
	ull Name (Last, First, Middle Initial) MONICA L RAYBURN				Date of	Re	ceip	ot			
N	failing Address 688 WEST SYCAMORE				м м 09	/	D	30	/ Y	2013	Y
	ity /ERNON HILLS	State IL	Zip Code 60061-1084							17513127 iis Period	
	EC ID number of contributing ederal political committee.	С					7		7	78	.00
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ted PAC (l	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. RICHARD D THOMAS				Date of	Re	eceipt				
Mailing Address 5121 DUPONT AVENUE SC	DUTH			м м	/		D 30	/ Y	2013	Y
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Full Name (Last, First, Middle Initial) B. DENEEN VOJTA				Date of	Re	eceipt				
Mailing Address 5201 KELLOGG AVENUE				M M	/	D	D	/ Y	Y Y	Y
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EDINA	IVIIN	55424-1304	A	Amount	of	Each	n Red	ceipt th	is Peric	d
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Full Name (Last, First, Middle Initial) C. DANIEL J ZERAFA	1			Date of	Re	eceipt	:			
Mailing Address 61234 ADMIRAL DRIVE				м м 09	1		D 30	/ Y	2013	Y
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WASHINGTON TOWNSHIP	MI	48094-1242	A	Amount	of	Each	n Red	ceipt th	is Peric	d
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Α.	Full Name (Last, First, Middle Initial) COLLEEN C COHAN				Date c	of Re	eceip	ot				
	Mailing Address 17402 SAINT THERESA DRI	VE			м м 09	/	D	30	/ Y	20	13	Y
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SCHEDULE A (FEC Form 3X)

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UnitedHealth Group Incorpora	ated PAC (United for Health)					
Full Name (Last, First, Middle Initial) KARSTEN S FLAGSTAD			Date o	f Receipt			
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A.	Full Name (Last, First, Middle Initial) GREGORY D REIDY			[Date of	Re	eceipt											
	Mailing Address 1016 BLAKEFIELD DRIVE				09 30 _ 2013 _													
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	Full Name (Last, First, Middle Initial) ASIR U AHMAD				Date of	Re	eceipt											
	Mailing Address 1935 HILLWOOD DRIVE			09 30 Y Y Y Y Y 2013								ſ						
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с.	Full Name (Last, First, Middle Initial) JOY L ALEXANDER				Date of	Re	eceipt											
	Mailing Address 5116 NORTH TIOGA WAY				м м 09	1	D 30		/ Y	201		Y						
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A. JIM L BENNETT			Date of	Receipt									
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$\overline{\}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)												
Α.	Full Name (Last, First, Middle Initial) PAULA A GAZELEY				Date of	Re	ceipt								
	Mailing Address 36 MAYFAIR ROAD				м м 09	/	D D 30	/ Y	2013	Y					
	City	State	Zip Code		Transaction ID : PR2560064831274										
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— c.	Full Name (Last, First, Middle Initial) JERI L JONES	1			Date of	Re	ceipt								
	Mailing Address 512 W ORANGEWOOD AVE	E			M M	/	D D	/ Y	Y Y	Y					
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	City PHOENIX	State AZ	Zip Code 85021-7252	-					06513127 iis Period	4					
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NAME OF COMMITTEE (In Full)												
> UnitedHealth Group Incorpo	orated PAC (l	Jnited for Health)										
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Full Name (Last, First, Middle Initial) B. ANGELA L LOBERG			Date	of Re	eceipt							
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. KEVIN MICHAEL MARONEY			Dat	e of F	Receipt					
Mailing Address 5052 NORMAN DRIVE				м 09	/ D C 30) / Y	2013			
City MINNETONKA	State MN	Zip Code 55345-4636			tion ID : If Each R					
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Full Name (Last, First, Middle Initial) B. DAVID MILICH			Dat	e of F	Receipt					
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	United for Health)	
Α.	Full Name (Last, First, Middle Initial) RICHARD A PERRIER			Date of Receipt
	Mailing Address 3161 EMERALD VALLEY RO			M = M / D = D / Y = Y = Y Y 09 30 2013
	City ELLICOTT CITY	State MD	Zip Code 21042-1013	Transaction ID : PR2560066231274
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	Occupation KA VP Acc Aggregate		P/R Deduction (\$14.00 Bi-Weekly)
в.	Full Name (Last, First, Middle Initial) DONALD G ROWE Mailing Address 5 LANTERN LANE			Date of Receipt
	City MAYNARD	State MA	Zip Code 01754-2171	09 30 2013 Transaction ID : PR2560066531274 Amount of Each Receipt this Period
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
с.	Full Name (Last, First, Middle Initial) DENISE VAIL			Date of Receipt
	Mailing Address 35 CLEVELAND AVENUE			09 30 2013
	City SAYVILLE	State NY	Zip Code 11782-1322	Transaction ID : PR2560066831274
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	Jnited for Health)										
<u> </u>	Full Name (Last, First, Middle Initial) DEBRA C COLLINS				Date o	f Re	eceipt						
	Mailing Address 3862 CARRIAGE HILL DRI	VE			M M / D D / Y Y Y Y Y 09 30 _ 2013 _								
	City	State	Zip Code		Transaction ID : PR2560398031274								
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	Name of Employer	Occupation	1										
	United HealthCare Services Inc	Dir Ntwk Pr	gms										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		300.00	P/	/R Ded	luctio	on (\$1	15.00) Bi-We	∍ekly)			
	Full Name (Last, First, Middle Initial) KRISTA J DICKMAN				Date o	f Re	eceipt						
	Mailing Address 2533 ONYX DRIVE				м м	/	3	D 80	/ Y	2013		Y	
	City	State	Zip Code		Trans	acti	ion ID	: P	R25603	<u>39813</u>	1274		
	SHAKOPEE	MN	55379-2770	A	Amoun	t of	Each	Ree	ceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.				,		7	_	28.0	00			
	Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	'R Ded	uctic	on (\$1	4.00) Bi-We	ekly)			
	Full Name (Last, First, Middle Initial) GEORGE N KOREAN			[Date o	f Re	eceipt						
	Mailing Address 6 VERANO				м м 09	1		D 30	/ Y	2013		Y	
		State CA	Zip Code						R2560			•	
	FOOTHILL RANCH	CA	92610-1827	/	Amoun	t of	Each	Red	ceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	С					7		7	_	28.	00	
	Name of Employer	Occupation	1										
	United HealthCare Services Inc	Dir Act Svs											
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼		280.00	P,	P/R Deduction (\$14.00 Bi-Weekly)								
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	Jnited for Health)										
Α.	Full Name (Last, First, Middle Initial) TIMOTHY J NOEL				Date of	Re	cei	pt					
	Mailing Address 4408 THOMAS AVE SOUT	ГН			м м	/		30	/ Y	Y 201			
	City	State	Zip Code		Transaction ID : PR2560398831274								
	MINNEAPOLIS	MN	55410-1968	A	mount	of	Ead	ch Re	ceipt th	nis Per	iod		
	FEC ID number of contributing federal political committee.	С				_	3		7		78.0	00	
	Name of Employer	Occupation											
	United HealthCare Services Inc	VP Finance	1										
	Receipt For:	Aggregate	Year-to-Date ▼]									
	Primary General Other (specify) ▼	780.00	P/	R Ded	uctio	on (\$39.0	0 Bi-W	eekly)				
	Full Name (Last, First, Middle Initial) JAMES CRONIN				Date of	Re	cei	pt					
	Mailing Address 20700 DELTA DRIVE			09 30 2013									
	City	State	Zip Code		Trans	acti	on	ID : P	R2560	821131	1274		
	GAITHERSBURG	MD	20882-1121	A	mount	of	Ead	ch Re	ceipt th	nis Per	iod		
	FEC ID number of contributing federal political committee.	С			76.92								
	Name of Employer United HealthCare Services Inc	Occupation Hith Plan C											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/	R Dedi	uctio	on (\$38.4	6 Bi-We	eekly)			
	Full Name (Last, First, Middle Initial) PATRICK J O'BRIEN				Date of	Re	cei	pt					
	Mailing Address 33 BARRINGTON DRIVE				м м 09	1		30	/ Y	2013			
	City BEDFORD	State NH	Zip Code 03110-5601						PR2560				
			03110-0001	A	mount	of	Ead	ch Re	ceipt th	nis Per	iod		
	FEC ID number of contributing federal political committee.	С				_	7		7		28.0	00	
	Name of Employer	Occupation											
	United HealthCare Services Inc	VP Gen Mg	jmt										
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SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and	Statements ma	av not be sold or used by any n	erson for the	purpose	15 of soliciting	16 contribut	17 tions						
or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)											
Full Name (Last, First, Middle Initial) A. MARIE A PERO			Date o	of Receipt									
Mailing Address 516 APPLE LANE			M = M / D = D / Y = Y = Y = Y Y O										
City HARLEYSVILLE	State PA	Zip Code 19438-2549			: PR25608 Receipt th		4						
FEC ID number of contributing federal political committee.	С					28	.00						
Name of Employer United HealthCare Services Inc	Occupation Dir Prod												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Dec	duction (\$1	4.00 Bi-We	ekly)							
Full Name (Last, First, Middle Initial) B. JOY M STEPHENS			Date o	of Receipt									
Mailing Address 7320 YORK AVE N	Otata	Zie Oode	09	3	0	2013							
City BROOKLYN PARK	State MN	Zip Code 55443-3544			: PR25608 Receipt th		4						
FEC ID number of contributing federal political committee.	С						.00						
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Bu												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Dec	duction (\$1	4.00 Bi-We	ekly)							
Full Name (Last, First, Middle Initial) C. BRIAN W LUND			Date o	of Receipt									
Mailing Address 464 EAST NORTH AVE			M N 09		D / Y	2013	Y						
City GRANTSBURG	State WI	Zip Code 54840-7423			e: PR2561 Receipt th		4						
FEC ID number of contributing federal political committee.	С					78	.00						
Name of Employer	Occupation		_										
United HealthCare Services Inc Receipt For:	Mgr Tax		_										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R De	duction (\$3	39.00 Bi-We	eekly)							
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ITEMIZED RECEIPTS	,	Use separate schedule(s)	(check only one)									
	2	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In UnitedHealth Group	Full) Incorporated PAC (I	Jnited for Health)										
Full Name (Last, First, Middl A. KEITH A VOLLBERG	le Initial)		Date of Receipt									
Mailing Address 1001 NAND	DINA DR		09 30 _ 2013 _									
City WESTON	State FL	Zip Code 33327-2481	Transaction ID : PR2563207731274 Amount of Each Receipt this Period									
FEC ID number of contributi federal political committee.	ng C		28.00									
Name of Employer United HealthCare Services I Receipt For: Primary Gene	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)									
Other (specify) ▼ Full Name (Last, First, Middl		280.00										
B. LARRY W CAVANAU	GH		Date of Receipt									
Mailing Address 520 NE 20T	H ST # 1010 State	Zip Code	09 30 2013									
WILTON MANORS	FL	33305-2162	Transaction ID : PR2563211031274 Amount of Each Receipt this Period									
FEC ID number of contributi federal political committee.	ng C		78.00									
Name of Employer United HealthCare Services In Receipt For: Primary Gene Other (specify) ▼	Aggregate	ovt Dntl Sls Mgr Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)									
Full Name (Last, First, Middl C. KATHLEEN R CRAN			Date of Receipt									
Mailing Address 2335 SOUT			09 30 2013									
City PALM BEACH	State FL	Zip Code 33480-5368	Transaction ID : PR2563211131274 Amount of Each Receipt this Period									
FEC ID number of contributi federal political committee.	ng C		200.00									
Name of Employer United HealthCare Services I Receipt For:	-											
Primary Gene Other (specify) V		Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)									
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			for each category of the Detailed Summary Page		11a 13		11b		11c 15	12	17		
	y information copied from such Reports and s for commercial purposes, other than using th				or the		pose		oliciting	g contrib	utions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)										
Α.	Full Name (Last, First, Middle Initial) JACQULYN M BARTON			[Date o	f Re	eceip	ot					
	Mailing Address 1587 112 TH COURT WEST				м – м 09	/	D	30	/ Y	у у 2013	Y		
	City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5412				2112312						
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Eac	n Red	ceipt th	nis Perio 2	d 8.00		
	Name of Employer United HealthCare Services Inc	Occupation VP Human	Capital Partner										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Ded	luctio	on (S	\$14.00) Bi-We	eekly)			
В.	Full Name (Last, First, Middle Initial) JENNIFER F WALSH				Date o	f Re	eceip	ot					
	Mailing Address 1101 ROBERTA COURT				09 30 2013								
	City MCLEAN	State VA	Zip Code 22101-2114		74								
	FEC ID number of contributing federal political committee.	С		194.00									
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1940.00	P/	'R Ded	uctio	on (\$	\$97.00) Bi-We	∋ekly)			
с.	Full Name (Last, First, Middle Initial) ARTHUR R MILLER	I		[Date o	f Re	eceip	ot					
	Mailing Address 5009 ASHINGTON LANDING				м м 09	1	D	30	/ Y	2013	Y		
	City TAMPA	State FL	Zip Code 33647-3515							2969312			
	FEC ID number of contributing federal political committee.	С			Amoun		J		Jeipt II		a 3.34		
	Name of Employer	Occupation	1	_									
	United HealthCare Services Inc	gmt											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2333.38	P	P/R Deduction (\$166.67 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			• •			3		7	55	5.34		
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
And information and a for	h Departs and Obstances		13 14 15 16				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In F							
UnitedHealth Group	Incorporated PAC (I	Jnited for Health)					
Full Name (Last, First, Middle A. ANDREW C MACKENZ			Date of Receipt				
Mailing Address 1912 IRVING	AVE S		M = M / D = D / Y = Y = Y = Y 09 30 _ 2013 _				
City	State	Zip Code	Transaction ID : PR2564297131274				
MINNEAPOLIS	MN	55403-2823	Amount of Each Receipt this Period				
FEC ID number of contributin federal political committee.	g C		200.00				
Name of Employer	Occupation	l					
United HealthCare Services In	c Bus Segme	ent CMO					
Receipt For:		Year-to-Date ▼					
Other (specify) ▼	a	2000.00	P/R Deduction (\$100.00 Bi-Weekly)				
		/y // //					
Full Name (Last, First, Middle B. STEPHEN E SWANSC			Date of Receipt				
Mailing Address 3001 HUNTI			09 30 2013				
City	State TX	Zip Code	Transaction ID : PR2564297331274				
KATY		77493-1159	Amount of Each Receipt this Period				
FEC ID number of contributin federal political committee.	C		78.00				
Name of Employer United HealthCare Services In	Occupation						
Receipt For:	KA VF ACCI	5					
Primary Gener		Year-to-Date ▼	P/P Doduction (\$20.00 Pi Wookhy)				
Other (specify)		780.00	P/R Deduction (\$39.00 Bi-Weekly)				
Full Name (Last, First, Middle C. HARVEY J BALTHAS			Date of Receipt				
Mailing Address 3103 FLEEC	E FLOWER COVE		09 30 2013				
City	State	Zip Code	Transaction ID : PR2564297531274				
AUSTIN	TX	78735-1539	Amount of Each Receipt this Period				
FEC ID number of contributin federal political committee.	g C		78.00				
Name of Employer	Occupation	I					
United HealthCare Services In	Med Dir						
Receipt For:		Year-to-Date ▼					
Other (specify) ▼		780.00	P/R Deduction (\$39.00 Bi-Weekly)				
SUBTOTAL of Receipts This P	age (optional)		356.00				
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TEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any put the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ated PAC (United for Health)	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 18615 CHARLEVOIX LAN		M = M / D = D / Y = Y = Y Y 09 30 2013
City CHESTERFIELD	State Zip Code MO 63005-6200	Transaction ID : PR2564297631274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation HIth Plan CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. ELLEN L DAMATO		Date of Receipt
Mailing Address 1300 DALHART DRIVE		09 30 2013
City ALLEN	StateZip CodeTX75013-5339	Transaction ID : PR2564802231274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Contrctng	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 ADAMS CT		09 30 / Y Y Y Y
City COLLEYVILLE	State Zip Code TX 76034-6811	Transaction ID : PR2564802531274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	_
United HealthCare Services Inc	SB VP SIs Acct Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)											
	Full Name (Last, First, Middle Initial) CHRISTOPHER CHARLES CARLSO	N		Date of Receipt										
_	Mailing Address 12801 OVERLOOK ROAD				м м 09	/		30		201:]		
		State MN	Zip Code 55327-9678				-			802631				
-	DAYTON	IVIIN	55527-9076	/	Amount	of	Ea	ch Re	eceipt t	his Per	iod	_		
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	Name of Employer	Occupation												
_	United HealthCare Services Inc	VP Gen Mg	mt											
I	Receipt For: Primary General	Aggregate	Year-to-Date ▼		/D D!		o '	1000	י ים הר					
	Other (specify) ▼		400.00		'R Dea	uctio	on (ͺ ʹ ϶∠υ.(00 Bi-W	еекіу)				
	Full Name (Last, First, Middle Initial) PAUL DANIEL HANSEN				Date of	Re	ecei	pt						
I	Mailing Address 18430 62ND PLACE NORTH				м м	/		30	/	_2013		1		
(City	State	Zip Code		Trans	acti	on	ID : I	PR2564	802731	274			
-	MAPLE GROVE	MN	55311-4585	/	Amount	of	Ea	ch Re	eceipt t	his Per	iod			
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	Name of Employer United HealthCare Services Inc	Occupation Controller M	kt Group											
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1940.00	P/	'R Dedi	uctic	on (\$97.()0 Bi-W	'eekly)				
	Full Name (Last, First, Middle Initial)				Date of	Re	ecei	pt						
I	Mailing Address 1678 BRIDGEWATER DRIVE				м м 09	/		30	/	2013		1		
(State	Zip Code							480293 ⁻		_		
-	LAKE MARY	FL	32746-4103	/	Amount	of	Ea	ch Re	eceipt t	his Per	iod			
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Ī	Name of Employer	Occupation		\neg										
	United HealthCare Services Inc	KA VP Acc	Mgmt											
Ī	Receipt For:	Aggregate	Year-to-Date ▼						_					
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SCHEDULE A (FEC Form 3X) •

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NAME OF COMMITTEE (In Full)							
ight angle UnitedHealth Group Incorpora	ited PAC (I	Jnited for Health)					
Full Name (Last, First, Middle Initial)							
A. ELIZABETH D MORAN				f Receipt			
Mailing Address 2231 BENT TREE LANE			М — М 09	30) / Y	2013	Y
City	State	Zip Code		saction ID :	PR2564		4
MENDOTA HEIGHTS	MN	55120-2003	Amoun	t of Each F	leceipt th	is Period	
FEC ID number of contributing	С					97	.00
federal political committee.	U			7	J		.00
Name of Employer	Occupation	1					
United HealthCare Services Inc	Sr Deputy (Gen Counsel					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		1843.00	P/R Ded	luction (\$97	.00 Bi-We	ekly)	
		· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial) B. KATHERINE L KENNY			Date o	f Receipt			
Mailing Address 22408 FITZGERALD DRIVE			M M	/ D [) / Y	YY	Y
			09	30		2013	
	State MD	Zip Code		action ID :			
	UNID	20882-2301	Amoun	t of Each F	leceipt th	is Period	
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Name of Employer	Occupation	l					
United HealthCare Services Inc	SB VP of A	cct Mgmt					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		780.00	P/R Ded	uction (\$39.	.00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. PAUL O MARDEN			Date o	f Receipt			
Mailing Address 718 HICKORY HILL RD			M M			YY	Y
City	State	Zip Code	09	30		2013	
FRANKLIN LAKES	NJ	07417-1707		saction ID : t of Each F			
FEC ID number of contributing federal political committee.	С						8.00
Name of Employer	Occupation	1					
United HealthCare Services Inc	KA VP SIs						
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (l	Jnited for Health)										
Α.	Full Name (Last, First, Middle Initial) DARREN C MOQUIST	Date of Receipt											
	Mailing Address 1200 NICOLLET MALL #507	7			м м 09	/		30	/ Y)13	Y	
	City MINNEAPOLIS	State MN	Zip Code 55403-2408		Trans Amoun				R2564				
	FEC ID number of contributing federal political committee.	С					7		7	_	28.	00	
	Name of Employer United HealthCare Services Inc	Occupation VP Finance											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	I P	P/R Ded	uctio	on (\$	\$14.00) Bi-We	∋ekly	/)		
В.	Full Name (Last, First, Middle Initial) MARK BELLMAN	1			Date of	f Re	eceip	ot					
	Mailing Address 5601 VAN WINKLE LN				м м 09	/	D	30	/ Y	ү 20	ү 13	Y	
	City AUSTIN	State TX	Zip Code 78739-1694		Trans Amoun				R25648 ceipt th		-		
	FEC ID number of contributing federal political committee.	С					7		7	_	28.	00	
	Name of Employer United HealthCare Services Inc	Occupation SB VP SIs A											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Ded	uctio	on (\$	\$14.00) Bi-We	ekly	')		
с.	Full Name (Last, First, Middle Initial) LISA R WRIGHT				Date of	f Re	eceip	ot					
	Mailing Address 1512 PARK BLVD				м м 09	1	D	30	/ Y	ү 20	ү 13	Y	
	City CHERRY HILL	State NJ	Zip Code 08002-3715		Trans Amoun				R2564 ceipt th			l	
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	Name of Employer	Occupation		-									
	United HealthCare Services Inc	Sr Prod Mg	r										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	I F	P/R Ded	lucti	ion (\$	\$14.00	0 Bi-We	ekly	()		
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or fc N L	or commercial purposes, other than using the	Statements may	not be sold or used by any p	person for	r tha i							<u> </u>			
) ر م			dress of any political committee	e to solic	cit con	ntrib	utic	e of s ons fro	oliciting	g cor h coi	ntribut mmitte	ons e.			
۹	IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (U	nited for Health)												
N	ull Name (Last, First, Middle Initial) TAMMY A O'HARE			Da	ate of	Re	cei	pt							
_	Aailing Address 2420 SAINT GEORGE WAY				09 / D D / Y Y Y Y 09 30 2013										
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	ull Name (Last, First, Middle Initial) DEBRA J BERNS			Da	ate of	Re	cei	pt							
N	Aailing Address 2553 WASHBURN AVENUE S	SOUTH		Γ	м м 09	/		30	/ Y	20	ү 13	Y			
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 114 OF

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Use separate schedule(s)

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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (l	Jnited for Health)									
۹.	Full Name (Last, First, Middle Initial) NORINE YUKON				Date of	f Re	eceip	ot				
	Mailing Address 5118 MANSFIELD VIEW CC	DURT			м м 09	/		30	/ Y	ү 20	ү 13	Y
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	Full Name (Last, First, Middle Initial) NEIL A MANSUKHANI				Date of	f Re	ceip	ot				
	Mailing Address 4215 LAUREL RIDGE CIRC	LE			м м 09	/		30	/ Y	_20 ⁴	Y 13	Y
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	Full Name (Last, First, Middle Initial) DENISE V ZAMORE	1			Date of	f Re	ceip	ot				
	Mailing Address 12 NOLAN CIRCLE				м м 09	/		30	/ Y	20 ⁻	ү 13	Y
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PAGE 116 OF

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ation an CEO gate Year-to-Date ▼	Date of Receipt 09 30 2013 Transaction ID : PR2568900531274 Amount of Each Receipt this Period
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	Jnited for Health)	
Full Name (Last, First, Middle Initial) BRUCE E MOYER			Date of Receipt
Mailing Address 18426 MAGENTA BAY			09 30 _ 2013 _
City EDEN PRAIRIE	State MN	Zip Code 55347-1051	Transaction ID : PR2571778331274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Gen Mg Aggregate		P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. JAMES E BAKER Mailing Address 215 FORREST LAKE ROAD)		Date of Receipt
City ALPHARETTA	State GA	Zip Code 30022-1007	09 30 2013 Transaction ID : PR2572588731274 Amount of Each Receipt this Period
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Name of Employer United HealthCare Services Inc	Occupation KA Sr Acct		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. RICHARD A ELLIOTT			Date of Receipt
Mailing Address 715 WOODSCAPE TRAIL			09 30 2013
City ALPHARETTA	State GA	Zip Code 30022-3246	Transaction ID : PR2572588831274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer	Occupation	I	
United HealthCare Services Inc Receipt For:	Hith Plan C		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
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PAGE 118 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. MARCUS A ROBINSON		Date of Receipt
Mailing Address 595 JEFFERSON CHASE		09 30 / Y Y Y Y Y 09 30
City ATLANTA	State Zip Code GA 30354-2879	Transaction ID : PR2572588931274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation SB Mgr SIs Producing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. ANNEMARIE L HARTWIG		Date of Receipt
Mailing Address 9432 W 157TH PLACE		09 30 2013
City OVERLAND PARK	StateZip CodeKS66221-7819	Transaction ID : PR2572589231274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Prgms	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. SHAUN R JACQUET		Date of Receipt
Mailing Address 4332 FOREST RIDGE DR	IVE	09 30 2013
City SUAMICO	StateZip CodeWI54313-8557	Transaction ID : PR2572589331274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
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United HealthCare Services Inc	Dir Cust Service	
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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\rangle	UnitedHealth Group Incorporat	ed PAC (l	United for Health)							
Α.	Full Name (Last, First, Middle Initial) JEFFREY P DEAN				Date of	Rece	əipt			
	Mailing Address W5912 DEAN ROAD				м – м 09	1	30	/ Y	y y 2013	Y
	City TOMAHAWK	State WI	Zip Code 54487-8314	_					589431274 nis Period	4
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в.	Full Name (Last, First, Middle Initial) THOMAS E SMITH				Date of	Rece	əipt			
	Mailing Address 1502 EAST AVENUE NORT		7: 0-1		м м 09	/	D D 30	/ Y	2013	Y
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c.	Full Name (Last, First, Middle Initial) JOSEPH A GRAY	1			Date of	Rece	əipt			
	Mailing Address 19480 ELBERT POINT				м м 09	/	D D 30	/ Y	2013	Y
	City EXCELSIOR	State MN	Zip Code 55331-6901					-	58983127 his Period	4
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PAGE 120 OF

ITEMIZED RECEIPTS		ach category of the led Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (United	for Health)	
Full Name (Last, First, Middle Initial) A. KEVIN JAMES CARLSON			Date of Receipt
Mailing Address 4909 WEST SUNNYSLOPE			M = M / D = D / Y = Y = Y = Y Y O
City EDINA		Code 124-1170	Transaction ID : PR2572590031274
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Chief of Staff Aggregate Year-to-	Date ▼	
Other (specify)		780.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. CHARLES WACKER			Date of Receipt
Mailing Address 2747 WEST VIEW DRIVE			09 30 2013
City NEW PRAGUE		Code 071-8989	Transaction ID : PR2572590131274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer United HealthCare Services Inc	Occupation Strat Clnt Rel Ex Op	tuml	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. CHRISTINE OBRIEN			Date of Receipt
Mailing Address 764 TOPAZ STREET			M = M / D = D / Y = Y = Y = Y 09 30 2013
City NEW ORLEANS		Code 24-3624	Transaction ID : PR2572590631274 Amount of Each Receipt this Period
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Name of Employer	Occupation		_
United HealthCare Services Inc	SB KA Dir Sls AM		
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SCHEDULE A (FEC Form 3X)

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PAGE 121 OF

ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check on	(check only one)							
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NAME OF COMMITTEE (In Fu											
	ncorporated PAC (United for Health)									
Full Name (Last, First, Middle I A. JAMES R HARGIS	nitial)		Data	of Receipt							
Mailing Address 1820 ROSEDA						- Y - Y -	V				
			09	30		2013					
City	State	Zip Code	Tran	saction ID	: PR2572	590731274	1				
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United HealthCare Services Inc	Mgr Pharm	Ops									
Receipt For:		Year-to-Date ▼									
Other (specify) ▼		300.00	P/R Dec	duction (\$15	5.00 Bi-We	eekly)					
Full Name (Last, First, Middle I B. THERESA M CLARKE	initial)		Date c	of Receipt							
Mailing Address 16652 1/2 GR	AND AVE		M N 09	/ D 30		2013	Y				
City	State	Zip Code	Trans	saction ID :	PR2572	591131274					
BELLFLOWER	CA	90706-5038	Amour	t of Each I	Receipt th	nis Period					
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United HealthCare Services Inc	Assc Dir Cl	in Qlty									
Receipt For:		Year-to-Date ▼									
Other (specify) \checkmark		780.00	P/R Dec	luction (\$39	0.00 Bi-We	eekly)					
Full Name (Last, First, Middle I C. KIMBERLEY S MILLE			Date c	of Receipt							
Mailing Address 16 CELONOV	A PLACE		M N 09	/ 0		2012	Y				
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FOOTHILL RANCH	CA	92610-1942		t of Each I							
FEC ID number of contributing federal political committee.	C					28.	00				
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United HealthCare Services Inc	Dir Underw	riting									
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporate	ed PAC (l	United for Health)								
Full Name (Last, First, Middle Initial) A. WEI SUN			Date of Receipt							
Mailing Address 7049 FIRENZA PL			M M / D D / Y Y Y Y Y 09 30 _ 2013 _							
City	State	Zip Code	Transaction ID : PR2572591331274							
DUBLIN	OH	43016-6199	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer	Occupation		_							
United HealthCare Services Inc	Dir Act Svs									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)							
		200.00								
Full Name (Last, First, Middle Initial) B. THOMAS P WIFFLER			Date of Receipt							
Mailing Address 1421 SOMERFIELD DRIVE			09 30 / Y Y Y Y Y Y							
	State IL	Zip Code	Transaction ID : PR2572992731274							
BOLINGBROOK	_	60490-3207	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		194.00							
Name of Employer United HealthCare Services Inc	Occupation									
Receipt For:	Chief Field	•								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		, 1940.00	P/R Deduction (\$97.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. MICHAEL BENSON			Date of Receipt							
Mailing Address 2206 EAGLE VALLEY LN			M M / D D / Y Y Y Y 09 30 2013							
City	State WI	Zip Code	Transaction ID : PR2573518931274							
WAUSAU	VVI	54403-8154	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		14.00							
Name of Employer	Occupation									
United HealthCare Services Inc	Assc Dir Sl	s Ops	_							
Receipt For: Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		266.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			236.00							
TOTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)	
Full Name (Last, First, Middle Initial) A. MICHAEL J MCGINNITY			Date of Receipt
Mailing Address 903 MCINDOE ST			
		7.0.1	09 30 2013
City WAUSAU	State WI	Zip Code 54403-4976	Transaction ID : PR2573519031274
		3105 1370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer	Occupation	1	
United HealthCare Services Inc	Dir Clnt Svo	c Acct Mgt	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		780.00	P/R Deduction (\$39.00 Bi-Weekly)
		gg	1
Full Name (Last, First, Middle Initial) B. JOHN SICKELS			Date of Receipt
Mailing Address 1706 TALL OAKS			09 30 2013
City	State	Transaction ID : PR2573519131274	
WAUSAU	WI	54403-8118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		39.00
Name of Employer	Occupation	l	-
United HealthCare Services Inc	TPA NA VP	SIs AM	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		741.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. LESLIE C HARE			Date of Receipt
Mailing Address 9029 SHEEP RANCH	СТ		09 30 2013
City	State	Zip Code	Transaction ID : PR2574979431274
LAS VEGAS	NV	89143-5432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer	Occupation	I	-
Health Plan of Nevada	Dir Clms		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)		145.00
TOTAL This Period (last page this line nu	umber only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a		11b		11c	12	
					13		14		15	16	17
or	y information copied from such Reports and for commercial purposes, other than using the										
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)								
A.	Full Name (Last, First, Middle Initial) JAMIE BURNETT			D	ate of	Re	ceipt	:			
	Mailing Address 4625 EWING AVENUE SOL	JTH			м м 09	/		D 30	/ Y	2013	Y
	City	State	Zip Code		Trans	acti	on II	D : P	R25749	98823127	4
	MINNEAPOLIS	MN	55410-1745	A	mount	of	Each	n Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		7	78	.00
	Name of Employer United HealthCare Services Inc	Occupation VP IT									
	Receipt For:		Voor to Data	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/I	R Dedi	uctic	on (\$	39.0	0 Bi-We	ekly)	
	Full Name (Last, First, Middle Initial) LORI A VAN HOLMES				ate of	Re	ceipt				
	Mailing Address 4117 BRYANT AVENUE SC	DUTH			м м 09	/		D 30	/ Y	2013	Y
	City	State	Zip Code		Transa	actio	on II) : P	R25750	3093127	4
	MINNEAPOLIS	MN	55409-1423	A	mount	of	Each	n Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		J	194	.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Human									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1940.00	P/F	R Dedu	uctio	on (\$9	97.0	0 Bi-We	ekly)	
c.	Full Name (Last, First, Middle Initial) JEFFREY L MADDOX				ate of	Re	ceipt				
	Mailing Address 207 MARY WIL CT				м м 09	/		о 30	/ Y	2013	Y
	City GREENSBORO	State NC	Zip Code 27455-2262							03953127 is Period	4
	FEC ID number of contributing federal political committee.	С					7		,		.00
	Name of Employer	Occupation		_							
	United HealthCare Services Inc	SB VP SIs	Acct Mgmt								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		280.00	P/	R Ded	uctic	on (\$	14.0	0 Bi-We	eekly)	
S	UBTOTAL of Receipts This Page (optional)									300.	00

SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 125 OF

	MIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11	~	12			
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		0			13		14	15		16		17	
	v information copied from such Reports and or commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)										
	Full Name (Last, First, Middle Initial) HOWARD C MARGOLIES			C	Date of	Re	ceipt						
1	Mailing Address ONE PAGE DRIVE				м – м 09	/	30		Y	ү ү 2013	Y		
	City	State	Zip Code		Trans	acti	on ID	: PR2	5750	503312	74		
-	RED BANK	NJ	07701-5640	A	mount	of	Each	Receip	ot th	is Perio	d		
	FEC ID number of contributing rederal political committee.	С					,		3	2	8.00		
Ī	Name of Employer	Occupation											
	Jnited HealthCare Services Inc	SB VP SIs /	Acct Mgmt										
Ī		Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		280.00	P/	R Dedu	uctio	on (\$14	4.00 B	i-We	ekly)			
			1										
	Full Name (Last, First, Middle Initial) CARY J MCCARTY	1			Date of	Re	ceipt						
I	Mailing Address 8800 RUMFIELD RD				м м 09	/	30		Y	y y 2013	Y		
(City	State	Zip Code		Transa	acti	on ID	PR2	5750	594312 ⁻	74		
-	NORTH RICHLAND HILLS	ТХ	76182-6131	A	mount	of	Each	Receip	ot th	is Perio	d		
	FEC ID number of contributing rederal political committee.	С					,		3	7	8.00		
	Name of Employer	Occupation											
_	Jnited HealthCare Services Inc	VP Gen Mg	mt										
I		Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		780.00	P/I	R Dedu	uctic	on (\$39	9.00 Bi	-We	ekly)			
	Full Name (Last, First, Middle Initial) MARK T ALLEN	1			Date of	Re	ceipt						
I	Mailing Address 11359 ENTREVAUX DRIVE				м м 09	/	30		Y	y y 2013	Y		
		State MN	Zip Code		Trans	acti	ion ID	: PR2	5750	602312	74		
-	EDEN PRAIRIE	IVIIN	55347-2862	A	mount	of	Each	Receip	ot th	is Perio	d	_	
	FEC ID number of contributing ederal political committee.	С				_	7		7	2	8.00		
ī	Name of Employer	Occupation											
_	United HealthCare Services Inc	Chief of Sta	ff										
ł	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	280.00				P/R Deduction (\$14.00 Bi-Weekly)							
	JBTOTAL of Receipts This Page (optional)	1							7	134	4.00		

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 126 OF

TEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using th		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ed PAC (United for Health)	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 9916 DUSTY WINDS AVE		M = M / D = D / Y = Y = Y Y 09 30 2013
City LAS VEGAS	State Zip Code NV 89117-5986	Transaction ID : PR2575068931274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Southwest Medical Assoc. Inc.	Occupation Mgr IT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	P/R Deduction (\$365.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. CHARLES JACOBY		Date of Receipt
Mailing Address 3315 IRVING AVE		09 30 2013
City MINNEAPOLIS	StateZip CodeMN55408-3321	Transaction ID : PR2575099231274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	32.00
Name of Employer United HealthCare Services Inc	Occupation Dir IT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$16.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 5124 WEDMORE CT		09 30 / Y Y Y Y Y
City NORTH LAS VEGAS	State Zip Code NV 89031-0364	Transaction ID : PR2575108331274
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Health Plan of Nevada	Assc Dir Cust Service	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a	<u></u> .	11b	11c		12					
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	y information copied from such Reports and a for commercial purposes, other than using the														
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)												
Α.	Full Name (Last, First, Middle Initial) SCOTT THOMAS LYDON			Dat	e of	Rec	eipt								
	Mailing Address 2 PLOWBOY PATH				м 09	/	30	7		013	Y				
	City	State	Zip Code			ctio		PR257							
	СОММАСК	NY	11725-1410	Am	ount	of E	ach F	Receipt	this F	Period					
	FEC ID number of contributing federal political committee.	С				,				28.	00				
	Name of Employer	Occupation		_											
	United HealthCare Services Inc	KA Dir Acct	Mgmt												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		280.00	P/R	Dedu	ctior	า (\$14	.00 Bi-V	Veekl	у)					
	Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7												
	Full Name (Last, First, Middle Initial) ZOE C HUNT			Dat	e of	Rec	eipt								
	Mailing Address 4030 SERANGO COURT			M	09	/				013	Y				
	City	State	Zip Code	Tr	ansa	ctio	n ID :	PR257	51362	231274					
	WEST LINN	OR	97068-2840	Am	ount	of E	ach F	Receipt	this F	Period					
	FEC ID number of contributing federal political committee.	С			_	,				28.0	00				
	Name of Employer	Occupation													
	United HealthCare Services Inc	Dir Med Clir	n Ops												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		280.00	P/R	Deduo	ctior	n (\$14.	.00 Bi-V	Veekl	y)					
	Full Name (Last, First, Middle Initial) RON JONES			Dat	e of	Rec	eipt								
	Mailing Address 3109 OLD OAK DRIVE				- M	/	D [) /	Y Y	Y	Y				
					09		30	11	20	013					
	City ELLICOTT CITY	State MD	Zip Code 21042-1329					PR257			4				
	FEC ID number of contributing	_		Am	ount	OTE	ach F	Receipt	this f	Period	_				
	federal political committee.	С			-	- 7		7		250.	00				
	Name of Employer	Occupation													
	United HealthCare Services Inc	Pres Prov S	Sols												
	Receipt For:							P/R Deduction (\$125.00 Bi-Weekly)							
	Primary General Other (specify) ▼		250.00	P/R	Dedu	ctio	n (\$12	5.00 Bi	-Wee	kly)					
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Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
or	for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)									
	Full Name (Last, First, Middle Initial) SCOTT G CASSANO			Date of Receipt								
	Mailing Address 7607 MAPLE MEADOW STR		7.0.	M = M / D = D / Y = Y = Y = Y Y 09 30 2013								
	City LAS VEGAS	State NV	Zip Code 89131-4665	Transaction ID : PR2575164431274								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer Health Plan of Nevada	Occupation Dir Prov Sv										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)								
	Full Name (Last, First, Middle Initial) KRISTIN MOORE			Date of Receipt								
	Mailing Address 9465 DARTRIDGE DRIVE			09 30 2013								
	City DALLAS	State TX	Zip Code 75238-1873	Transaction ID : PR2575194431274 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.00								
	Name of Employer United HealthCare Services Inc	Occupation KA Dir Acct										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)								
).	Full Name (Last, First, Middle Initial) MICHAEL PATRICK STAMM			Date of Receipt								
	Mailing Address 6721 MOSSY GLEN DR			09 30 2013								
	City FORT MYERS	State FL	Zip Code 33908-4771	Transaction ID : PR2575194631274								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer	Occupation	1	_								
	United HealthCare Services Inc	SVP Ops										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	P/R Deduction (\$40.00 Bi-Weekly)								
S	JBTOTAL of Receipts This Page (optional)			308.00								
T	OTAL This Period (last page this line number	only)		•								

Use separate schedule(s)

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	IMIZED RECEIPTS		for each category of the Detailed Summary Page		11a] 11	lb 🗌	11c		12	_	
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or f	v information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson f e to sol	or the licit co	purı ntrib	pos outio	se of s ons fr	soliciting om sucl) cor h co	ntribut mmitte	ions e.	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)										
A.	Full Name (Last, First, Middle Initial) HOWARD CHARLES GILPIN JR			[Date o	f Re	ecei	ipt					
-	Mailing Address 1210 SHEPARD DRIVE				м м 09	1	Г	30	/ Y)13	Y	
	City BLUE BELL	State PA	Zip Code 19422-3481				-		PR2575		-	ļ	
-		FA	19422-3461	A	Amoun	t of	Ea	ich Re	eceipt th	ıis P	eriod		
	FEC ID number of contributing rederal political committee.	С				_	7			_	78.	00	
Ī	Name of Employer	Occupation											
	United HealthCare Services Inc	Dir Act Cns	lt										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/	/R Dec	luctio	on	(\$39.0	00 Bi-We	ekly	/)		
	Full Name (Last, First, Middle Initial) SUSAN A KIRKPATRICK				Date o	f Re	ecei	ipt					
-	Mailing Address 417 STERLING STREET				M M 09		_	30	/ Y	_20	13	Y	
(City	State	Transaction ID : PR2575233631274										
_	LANCASTER	MA	01523-1847	A	Amoun	t of	Ea	ich Re	eceipt th	is P	eriod		
	FEC ID number of contributing rederal political committee.	С					7		- 7	_	28.	00	
	Name of Employer Jnited HealthCare Services Inc	Occupation VP Gen Mg											
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	′R Ded	uctio	on ((\$14.0	0 Bi-We	∍ekly	')		
	Full Name (Last, First, Middle Initial)				Date o	f Re	ecei	ipt					
I	Mailing Address 10205 GROOMSBRIDGE RO	AD			м м 09	/	С	D D 30	/ Y) 13	Y	
(State GA	Zip Code						PR2575			1	
-	JOHNS CREEK	GA	30022-5645	/	Amoun	t of	Ea	ich Re	eceipt th	is P	eriod		
	FEC ID number of contributing rederal political committee.	С					7		7	_	28	00	
ī	Name of Employer	Occupation		\neg									
-	United HealthCare Services Inc	Dir Empl Re	el										
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Dec	lucti	ion	(\$14.0	00 Bi-W	eekly	/)		
รเ	JBTOTAL of Receipts This Page (optional)						7		7		134.	00	
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SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
۸n	y information copied from such Reports and S	statements mo		arson f	13		14	15 solicitin	16	17
	for commercial purposes, other than using the									
\backslash	NAME OF COMMITTEE (In Full)									
/	UnitedHealth Group Incorporate	ed PAC (l	United for Health)							
	Full Name (Last, First, Middle Initial) THOMAS C CHOATE									
Α.	Mailing Address 209 SOUTHPOND RD			- '	Date of	ке			Y Y	
					09		30		2013	Y
	City	State	Zip Code	_	Trans	acti	on ID :	PR2575	2478312	74
	GLASTONBURY	СТ	06033-1712	_ /	Amount	of	Each F	Receipt tl	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С				_	,	7	20	0.00
	Name of Employer	Occupation								
	United HealthCare Services Inc	Chief Growt								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				n (@40	0.00 Bi-V	Vooldes	
	Other (specify)		400.00		rk Deul	ucuc	01 (\$10	U.UU DI-V	veekiy)	
	Full Name (Last, First, Middle Initial) STEPHEN W WILKINS				Date of	Re	ceipt			
	Mailing Address 8516 POLARIS DRIVE				м м 09	/	30		2013	Y
	City	State	Zip Code				-		25313127	
	BAHAMA	NC	27503-9604	_	Amount	of	Each F	Receipt tl	nis Perioo	1
	FEC ID number of contributing federal political committee.	С				_	7		28	3.00
	Name of Employer United HealthCare Services Inc	Occupation								
	Receipt For:	Assc Dir Sls	•	_						
	Primary General	Aggregate	Year-to-Date ▼	P	'R Dedi	ictic	on (\$14	.00 Bi-W	ookly)	
	Other (specify)		280.00		N Deut		μη (φ14	.00 DI-10	JERIY)	
	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 11856 NW 12TH MANOR				м м 09	1	D 30		ү 2013	Y
	City CORAL SPRINGS	State FL	Zip Code 33071-5035						2792312	
			33071-3033	-	Amount	of	Each F	Receipt tl	nis Perioo	1
	FEC ID number of contributing federal political committee.	С					J	 J	2	8.00
	Name of Employer	Occupation								
	United HealthCare Services Inc	KA Dir Acct	Mgmt	_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		/R Dedi	ucti	on (\$1/	.00 Bi-W	ookly)	
	Other (specify)		280.00		IN Deut	ucin	UII (\$14		eekiy)	
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Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Ful		Jnited for Health)	
Full Name (Last, First, Middle In A. SAMANTHA ANN MARC			Date of Receipt
Mailing Address 2117 CAMP IN			M = M / D = D / Y = Y = Y Y 09 30 2013
City	State FL	Zip Code 34639-5268	Transaction ID : PR2575287831274
LAND O LAKES FEC ID number of contributing federal political committee.	C	34035-3200	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlt		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle II B. CLARE B GROCHOWS			Date of Receipt
Mailing Address 205 ALAPOCA	S DRIVE		09 30 2013
City WILMINGTON	State DE	Zip Code 19803-4504	Transaction ID : PR2575300131274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Co		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle II C. DAVID W WALSH	itial)		Date of Receipt
Mailing Address 2158 CARROL	AVENUE		09 30 2013
City SAINT PAUL	State MN	Zip Code 55104-5042	Transaction ID : PR2575312731274
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
United HealthCare Services Inc	Dir Regl Af		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Pag	· · · /		, 156.00

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	y information copied from such Reports and for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
/	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)							
	Full Name (Last, First, Middle Initial) JEFFREY A GOLDBERG					_				
Α.					Date of	ке	· ·			
	Mailing Address 3410 BRADLEY LANE				м м 09	/	30) / Y	2013	Y
	City	State	Zip Code		Transa	acti	on ID :	PR2575	32693127	74
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в.	Full Name (Last, First, Middle Initial) MICHAEL J TELESKY			[Date of	Re	ceipt			
	Mailing Address 2602 PENNINGTON PLACE				м м 09	/	30	/ Y	2013	Y
	City	State	Zip Code		Transa	acti	on ID :	PR2575	35093127	74
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	Primary General Other (specify) ▼		, 780.00	P/	R Dedu	ictic	on (\$39.	00 Bi-We	eekly)	
— c.	Full Name (Last, First, Middle Initial) GREGORIO CORTEZ	1			Date of	Re	ceipt			
	Mailing Address 7201 RANCH RD 2222				M M	/	D) / Y	Y Y	Y
	APT 2322	0 1 1		_	09		30		2013	_
	City AUSTIN	State TX	Zip Code 78730-3222						3943312	
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	federal political committee.	С				_	7		2	8.00
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	United HealthCare Services Inc	Med Dir								
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SCHEDULE A (FEC Form 3X)

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PAGE 133 OF

ITEMIZED RECEIPTS	ZED RECEIPTS Use separate schedule(s) for each category of the	(chec								
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. LINDA LOUISE POST			Da	ate of	Ree	ceipt				
Mailing Address 6520 JAYCOX ROAD				и м 09	/	30	/ Y	2013		1
City GALENA	State OH	Zip Code 43021-9530				on ID : F Each Re				_
FEC ID number of contributing federal political committee.	С					,	7	:	30.00)
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Med Dir									
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Full Name (Last, First, Middle Initial) CAROL GOTHARD Mailing Address 16492 BROOKLANE BOULE			_	ate of	Ree	· ·				_
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City NORTHVILLE	State MI	Zip Code 48168-8417				on ID : P Each Re				
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Full Name (Last, First, Middle Initial) C. JERILLOSE			Da	ate of	Ree	ceipt				
Mailing Address 9995 DELL ROAD			Γ	09	/	D D D 30	/ Y	2013	Y	1
City EDEN PRAIRIE	State MN	Zip Code 55347-3524				on ID : F Each Re				
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United HealthCare Services Inc Receipt For:	VP Info Teo		_							
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	for commercial purposes, other than using the										
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	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
V	Full Name (Last, First, Middle Initial)										
Α.	KARIN R O'HARA				Date of	Re	eceipt				
	Mailing Address 7138 MCCANN COURT				м м 09	1	30) / Y	20 ²	Y 13	Y
	City	State	Zip Code			acti		PR2575			
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R	Full Name (Last, First, Middle Initial) JEFFERSON B WALTERS				Date of	Re	ceint				
	Mailing Address 8308 CEDAR HILL ROAD				M M	1.0) / Y	Y	Y	ŕ
					09		30		201		
	City	State	Zip Code		Trans	acti	on ID :	PR2575	44583	1274	
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	Maining Address 7353 EAST SKYLINE DRIVE				м м 09	1	30		201	3	Y
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	United HealthCare Services Inc	VP Underw	riting								
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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Any information copied from such Reports an or for commercial purposes, other than using			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	Jnited for Health)	
Full Name (Last, First, Middle Initial) A. CLINTON V WOLF			Date of Receipt
Mailing Address 2647 N SOUTHPORT			M = M / D = D / Y = Y = Y = Y 09 30 _ 2013 _
City CHICAGO	State IL	Zip Code 60614-1227	Transaction ID : PR2575490931274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	Occupation Dir Mktg Bu Aggregate		P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) MICHELE RAMIREZ Mailing Address 37 CALAIS ROAD	·		Date of Receipt
City RANDOLPH	State NJ	Zip Code 07869-3531	09 30 2013 Transaction ID : PR2575502431274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Human Cap Aggregate		P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. DEBORAH A SUNDAL			Date of Receipt
Mailing Address 5109 WEST 66TH ST			M = M / D = D / Y = Y = Y = Y Y O
City EDINA	State MN	Zip Code 55439-1429	Transaction ID : PR2575502931274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Dir Proj Mg Aggregate		
Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 136 OF

Mailing Address 45 THORNBIRD WAY 09 City State Zip Code NEWTOWN COUNDER DA 40072 0742	of Receipt											
or for commercial purposes, other than using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) THOMAS MERCER Mailing Address 45 THORNBIRD WAY City State Zip Code NENTROLUDE	of Receipt											
UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) THOMAS MERCER Mailing Address 45 THORNBIRD WAY City State Zip Code NEWTOWN 0000005 Date of the state	1 1 0 0 1 Y											
Full Name (Last, First, Middle Initial) THOMAS MERCER Mailing Address 45 THORNBIRD WAY City State Zip Code Trans	1 1 0 0 1 Y											
A. THOMAS MERCER Date of Mailing Address 45 THORNBIRD WAY 09 City State Zip Code Trans	1 1 0 0 1 Y											
City State Zip Code Trans	30 2013 saction ID : PR2575520131274											
City State Zip Code Trans	saction ID : PR2575520131274											
FEC ID number of contributing federal political committee.	500.00											
Name of Employer Occupation												
United HealthCare Services Inc VP Gen Mgmt												
Receipt For: Aggregate Year-to-Date ▼												
Primary General Other (specify) ▼	duction (\$500.00 Bi-Weekly)											
Full Name (Last, First, Middle Initial) 3. MOLLY E JOSEPH Date o	of Receipt											
Mailing Address 2711 CRESCENT RIDGE ROAD	1 / D D / Y Y Y Y											
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	saction ID : PR2575521731274											
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Name of Employer Occupation United HealthCare Services Inc VP Ops												
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Mailing Address 54 GREENWOOD DRIVE												
	saction ID : PR2575522331274											
	t of Each Receipt this Period											
FEC ID number of contributing federal political committee.	250.00											
Name of Employer Occupation												
United HealthCare Services Inc CEO SpcIty Bens Dntl												
Receipt For: Aggregate Year-to-Date ▼												
	duction (\$125.00 Bi-Weekly)											
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PAGE 137 OF

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NAME OF United	COMMITTEE (In Full)	me name and a	darage of any political committee	a to act	lioit co-	purp	pose c	of s	oliciting	cont	ributio	ons
Full Name	Health Group Incorpora	ated PAC (l	Jnited for Health)		non cor		uuons	110			mille	5.
A. ERICJ	(Last, First, Middle Initial) KAPLAN			Г	Date of	Be	ceint					
	dress 193 PARTRIDGE LANDING	3			м м 09	_	D 3(/ Y	y 201	у З	ſ
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	umber of contributing litical committee.	С					,		7		28.0	0
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City		State MN	Zip Code						R25755			
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Name of E	Employer	Occupation										
	althCare Services Inc		Svc Acct Mgr									
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
Full Name (Last, First, Middle Initial) A. JULIE T SCOTT			Date of Receipt
Mailing Address 271 NW 42ND AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COCONUT CREEK	State FL	Zip Code 33066-1823	Transaction ID : PR2575578031274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation Dir Ntwk Pr Aggregate		P/R Deduction (\$14.00 Bi-Weekly)
Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	280.00	
B. BEVERLY J COURNOYER			Date of Receipt
Mailing Address 5333 PAINTED MIRAC			09 30 / Y Y Y Y 2013
City LAS VEGAS	State NV	Zip Code 89149-0309	Transaction ID : PR2575582631274 Amount of Each Receipt this Period
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 ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MICHAEL PETEROY			Date of Receipt
Mailing Address 1004 PHILLIPS STRE	ET		09 30 2013
City VISTA	State CA	Zip Code 92083-7171	Transaction ID : PR2575585631274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer	Occupation	1	
United HealthCare Services Inc Receipt For:	Dir Bus Pro		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
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SCHEDULE A (FEC Form 3X)

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or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	United for Health)								
Full Name (Last, First, Middle Initial) A. DEBORAH A JORGE			Dete	of D	oppint					
Mailing Address 140 OLD BAY RD					eceipt		Y Y	V		
			0		30		2013			
City	State	Zip Code					59363127	4		
BELCHERTOWN	MA	01007-9348	Amo	unt o	Each I	Receipt th	nis Period			
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United HealthCare Services Inc	Dir Comm		_							
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Other (specify)		280.00		eauci	1011 (ֆ14	.00 Bi-We	еекіу)			
Full Name (Last, First, Middle Initial) B. JAN LOUISE HENRY			Date	of R	eceipt					
Mailing Address 116 KANAPUU PLACE			0		30		y y 2013	Y		
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Name of Employer	Occupation									
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Full Name (Last, First, Middle Initial) C. TERRENCE M CLARK			Date	of R	eceipt					
Mailing Address 8 COOPER AVENUE			м 0		30		y y 2013	Y		
City	State	Zip Code	Tra	insac	tion ID	: PR2575	63693127	4		
EDINA	MN	55436-1315	Amo	unt o	Each I	Receipt th	nis Period			
FEC ID number of contributing federal political committee.	С				7		194	.00		
Name of Employer	Occupation									
United HealthCare Services Inc	Bus Segme	ent CMO								
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NAME OF COMMITTEE	(In Full) oup Incorporated PAC (I	United for Health)	
Full Name (Last, First, MA. NEIL P COLLINS	<i>I</i> iddle Initial)		Date of Receipt
Mailing Address 8465 M		7.0.1	09 30 / Y = Y = Y = Y 2013
City CHANHASSEN	State MN	Zip Code 55317-7712	Transaction ID : PR2575637631274
FEC ID number of contr federal political committee	ibuting		Amount of Each Receipt this Period
· · · · · · · · · · · · · · · · · · ·		cess Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, N B. NANCY J SUBLE		280.00	Date of Receipt
Mailing Address 445 CL #24		7in Oada	09 / D D / Y Y Y Y Y 09 30 2013
City SAINT LOUIS	State MO	Zip Code 63112-4507	Transaction ID : PR2575646931274 Amount of Each Receipt this Period
FEC ID number of contr federal political committe	ů – L		100.00
Name of Employer United HealthCare Servio	es Inc Occupation		
Receipt For: Primary Other (specify) ▼	General	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, M C. RONALD MICHA			Date of Receipt
Mailing Address 2240 S	OUTH MOON VIEW DRIVE		09 30 2013
City HACIENDA HEIGHTS	State CA	Zip Code 91745-5739	Transaction ID : PR2575651531274 Amount of Each Receipt this Period
FEC ID number of contr federal political committee	ů – L		78.00
Name of Employer	Occupation	l	_
United HealthCare Servi	ces Inc M R SIs Dir		
Receipt For:	General Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)
SUBTOTAL of Receipts T	his Page (optional)		206.00
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b		11c		2	
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	for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (I	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) JENNY A HAYHURST			[Date of	f Re	eceipt					
	Mailing Address 23A MOUNT HYGEIA ROAD				м м	/	30		/ Y	y 201		Y
	City	State	Zip Code			acti	ion ID :		25756			
	FOSTER	RI	02825-1434	A	mount	t of	Each F	Rece	eipt thi	s Per	riod	
	FEC ID number of contributing federal political committee.	С					7		7	_	28.0	00
	Name of Employer	Occupation	I									
	United HealthCare Services Inc	VP Ntwk Co	ontrctng									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		280.00	P/	'R Ded	uctio	on (\$14	.00	Bi-We	ekly)		
в.	Full Name (Last, First, Middle Initial) CARL E ALLEN				Date of	f Re	eceipt					
	Mailing Address 8675 AZURE SKY DRIVE		м м 09	/	30		/ Y	201:		Y		
	City	State	Zip Code		Trans	acti	ion ID :	PR	25756	6933	1274	
	LAS VEGAS	NV	89129-2227	A	mount	t of	Each F	Rece	eipt thi	s Per	riod	
	FEC ID number of contributing federal political committee.	С					7		7		78.0	00
	Name of Employer Southwest Medical Assoc. Inc.	Occupation Phys Dir										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/	R Ded	uctio	on (\$39	.00	Bi-We	əkly)		
с.	Full Name (Last, First, Middle Initial) BRADY PRIEST				Date of	f Re	eceipt					
	Mailing Address 212 N 1ST ST APT 511				м м 09	/	D 30		/ Y	y 201		Y
	City MINNEAPOLIS	State MN	Zip Code 55401-1559				ion ID					
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	Name of Employer	Occupation										
	United HealthCare Services Inc	Dir Gen Mg	mt									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14		11c	12	17
	y information copied from such Reports and s for commercial purposes, other than using th			erson fo	r the		oose		oliciting	g contrib	utions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)								
Δ.	Full Name (Last, First, Middle Initial) CHRISTOPHER J STIDMAN			D	ate of	f Re	ceip	t			
	Mailing Address 6504 CHEROKEE TRAIL				м м 09	/		30	/ Y	2013	Y
	City EDINA	State MN	Zip Code 55439-1109				-			6838312 nis Perio	
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	Name of Employer United HealthCare Services Inc	Occupation VP Med Clin									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/F	R Ded	uctic	on (\$	14.0	0 Bi-We	eekly)	
	Full Name (Last, First, Middle Initial) STEPHEN J FARRELL	1		D	ate of	f Re	ceip	t			
	Mailing Address 50 MAJOR DOANE RD				м м 09	/		30	/ Y	2013	Y
	City WELLFLEET	State MA	Zip Code 02667-7836							5 962312 nis Perio	
	FEC ID number of contributing federal political committee.	С					7		7	2	8.00
	Name of Employer United HealthCare Services Inc	Occupation HIth Plan Cl									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/F	R Ded	uctic	on (\$	120.	00 Bi-W	/eekly)	
с.	Full Name (Last, First, Middle Initial) STEVEN CHARLES FELTON			D	ate of	f Re	ceip	t			
	Mailing Address 6837 29TH AVE NE				м м 09	/		30	/ Y	2013	Y
	City SEATTLE	State WA	Zip Code 98115-7236							7011312 nis Perio	
	FEC ID number of contributing federal political committee.	С			moum		,	i Re	ceipt in		u 10.00
	Name of Employer	Occupation									
	Optum Clinical Services INC	Nurse Prac	t								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/F	R Ded	luctio	on (\$	20.0	0 Bi-We	eekly)	
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SCHEDULE A (FEC Form 3X)

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SCHEDULE A (FEC Form 3X) -----

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PAGE 144 OF

NZED RECEIPTS Use separate schedule(s) for each category of the	(check only one)
for each category of the Detailed Summary Page	X 11a 11b 11c 12
	13 14 15 16 17 v person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	Date of Receipt
- IVE	09 30 2013
State Zip Code MN 55356-9388	Transaction ID : PR2575735831274 Amount of Each Receipt this Period
C	2500.00
Occupation VP Acq Integrations Aggregate Year-to-Date ▼ 2500.00	P/R Deduction (\$2500.00 Bi-Weekly)
ENUE	Date of Receipt
StateZip CodeMN55391-2904	Transaction ID : PR2575740831274 Amount of Each Receipt this Period
C	365.00
Occupation Assc Dir Mrkting Comm Aggregate Year-to-Date ▼ 365.00	P/R Deduction (\$365.00 Bi-Weekly)
	Date of Receipt
Т	09 30 2013
StateZip CodeCA92592-7105	Transaction ID : PR2575755431274 Amount of Each Receipt this Period
C	78.00
Occupation Human Capital Partner Mgr	
	for each category of the Detailed Summary Page and Statements may not be sold or used by any not the sold or used by any political commit prated PAC (United for Health) RIVE State Zip Code MN 55356-9388 C Occupation VP Acq Integrations Aggregate Year-to-Date ▼ ENUE 2500.00 ENUE Zip Code MN 55391-2904 C Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date State Zip Code MN 55391-2904 C 365.00 RT State Zip Code State Zip Code Aggregate Year-to-Date ▼ Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date C 365.00

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Unite	dHealth Group Incorpora	ated PAC (l	Jnited for Health)									
	me (Last, First, Middle Initial)											
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Mailing	Address 2715 IONE COURT				м м 09	/	30	/ Y	2013	Y		
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COLUN	IBUS	OH	43235-2810		Amount	of	Each Re	ceipt th	nis Period			
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Mailing	Address 2800 N US 31				M M	/	DD	/ Y	Y Y	Y		
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	Address 12370 BRADFORD DR				Date of	ке	· ·			N/		
Mainig	12370 BRADFORD DR				09		30	/ Ү	2013	Y		
City		State	Zip Code		Trans	acti	on ID : F	PR2575	77763127	4		
PARKE	R	CO	80134-3609		Amount	of	Each Re	ceipt th	nis Period			
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	(check only one)							
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Any information copied from such Reports an or for commercial purposes, other than using			erson for the	e purpose of	soliciting	contribut	ions				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	Jnited for Health)									
Full Name (Last, First, Middle Initial) A. PRADEEP KANDI			Date	of Receipt							
Mailing Address 968 CONDOR DR			M 09	M / D I		ү 2013	Y				
City COPPELL	State TX	Zip Code 75019-5985		isaction ID : nt of Each F			4				
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Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Mgr IT Arch Aggregate		P/R De	duction (\$14	.00 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) DARREL A FARKUS Mailing Address 15 WHITE OAK DRIVE			Date 0			2013	Y				
City ASBURY	State NJ	Zip Code 08802-1155	Tran	saction ID :	PR25757	97531274	ŧ .				
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Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Dir Bus Dvlp Aggregate		P/R De	duction (\$39.	.00 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. LAURIE ERIN RUSSELL			Date	of Receipt							
Mailing Address 3108 SONIA DRIVE			09			y y 2013	Y				
City LAS VEGAS	State NV	Zip Code 89107-3246		nsaction ID : nt of Each F			4				
FEC ID number of contributing federal political committee.	С					78	.00				
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Di										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R De	eduction (\$39	.00 Bi-We	ekly)					
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 780.00	P/R De	eduction (\$39	.00 Bi-\	Ne	Weekly) 184.				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. WILLIAM J MILLER		Date of Receipt
Mailing Address 26104 WEST 108 TERRAC		09 30 2013
City OLATHE	State Zip Code KS 66061-7522	Transaction ID : PR2575819831274
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 576.50
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Bus Segment CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.50	P/R Deduction (\$288.25 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. WENDY M SMITH		Date of Receipt
Mailing Address 1512 BLUEBONNET LN		09 30 2013
City	State Zip Code	Transaction ID : PR2575826731274
AUSTIN	TX 78704-2854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. EDWARD JOHN SKOPAS		Date of Receipt
Mailing Address 43 JOEL DR		09 30 2013
City HEBRON	StateZip CodeCT06248-1245	Transaction ID : PR2575842731274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	78.00
Name of Employer	Occupation	
United HealthCare Services Inc	VP Info Tech	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	780.00	P/R Deduction (\$39.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		682.50
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any poddress of any political committee	erson f e to sol	13 or the licit co	pur ntrib	14 pose of utions	15 soliciting from suc	g cont	6 ributic mittee	0ns e.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)								
Full Name (Last, First, Middle Initial) A. NYLE BRENT COTTINGTON			[Date o	f Re	ceipt				
Mailing Address 6630 EMPIRE COURT				м м	/	30) / Y	201		r
City MAPLE GROVE	State MN	Zip Code 55311-3433					PR2575 Receipt th			
FEC ID number of contributing federal political committee.	С					7			30.7	'8
Name of Employer United HealthCare Services Inc Receipt For:	Occupation VP Accting									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.80	P/	/R Ded	luctio	on (\$15	.39 Bi-W	eekly)		
Full Name (Last, First, Middle Initial) B. GLENN LIPPMAN	·			Date o	f Re	ceipt				
Mailing Address 612 NORTH TUMBLEWEED				м м 09	/	30		201		
City AUSTIN	State TX	Zip Code 78733-3231	ŀ			-	PR2575			
FEC ID number of contributing federal political committee.	С					7			28.0	0
Name of Employer United HealthCare Services Inc	Occupation Assc Behvrl									
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Full Name (Last, First, Middle Initial) C. PAMELA LIPPITT				Date o	f Re	ceipt				
Mailing Address 944 RILEY WILLS ROAD				м м 09	/	D 10		201		Y
City LEBANON	State OH	Zip Code 45036-9037	-				PR2575 Receipt th			
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Name of Employer	Occupation									
United HealthCare Services Inc Receipt For:	Assc Dir Me	· ·	_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Dec	ducti	on (\$14	.00 Bi-W	eekly)		
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\setminus	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) PATRICK J LANGAN			Date	of R	eceipt					
	Mailing Address 405 MEADOW LANE					30	/ Y	2013	Y		
	City	State	Zip Code		-		PR2575	885031274	4		
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	United HealthCare Services Inc	VP IT									
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в.	Full Name (Last, First, Middle Initial) MICHAEL W MEDEIROS			Date	of R	eceipt					
	Mailing Address 7112 LANGMUIR DRIVE			M 0		30 J	/ Y	ү ү 2013	Y		
	City	State	Zip Code					930631274			
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	FEC ID number of contributing federal political committee.	С				7		78.	00		
	Name of Employer United HealthCare Services Inc	Occupation									
		VP CInt Mg	mt NA Accts								
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	Other (specify) ▼		, 780.00		eauct	ion (\$39.0	JO BI-AA6	екіу)			
<u>с</u> .	Full Name (Last, First, Middle Initial) SUSAN A WEEDMAN			Date	of R	eceipt					
	Mailing Address 5056 PENN AVENUE SOUT	ТН		0		/ D D 30	/ Y	2013	Y		
	City	State	Zip Code				PR2575	940231274	4		
	MINNEAPOLIS	MN	55419-1035	Amo	unt of	f Each R	eceipt th	nis Period			
	FEC ID number of contributing federal political committee.	С				7		28.	.00		
	Name of Employer	Occupation	1								
	United HealthCare Services Inc	Dir Human	Capital Dev								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)							
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (l	Jnited for Health)									
A.	Full Name (Last, First, Middle Initial) MARC T SALINAS				Date of Receipt							
	Mailing Address 1630 ROCK RIDGE DRIVE				м м 09	/	D	30	/ Y		13	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R2575	9679	31274	1
	PROSPER	TX	75078-9728	_	Amount	of	Eac	h Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		78.	00
	Name of Employer	Occupation										
	United HealthCare Services Inc Receipt For:	VP Gen Mg		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	F	P/R Ded	uctio	on (\$39.0	0 Bi-We	ekly	')	
в.	Full Name (Last, First, Middle Initial) JUDITH GAGER PERLMAN				Date of	Re	eceip	ot				
	Mailing Address 116 CANTERBURY LANE PO BOX 2108				м м 09	/	D	30	/ Y	Y 20	ү 13	Y
	City	State	Zip Code		Trans	acti	on l	ID : P	R2575	9689	31274	
	VINEYARD HAVEN	MA	02568-5659		Amount	of	Eac	h Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7		78.	00
	Name of Employer United HealthCare Services Inc	Occupation VP Gen Mg										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P	/R Dedu	uctic	on (S	\$39.0	0 Bi-We	ekly)	
с.	Full Name (Last, First, Middle Initial) MARK A DICELLO				Date of	Re	ceip	ot				
	Mailing Address 5360 ANACALA CT				м м 09	/	D	30	/ Y	ү 20	ү 13	Y
	City WESTERVILLE	State OH	Zip Code 43082-8352		Trans Amount				R2575			4
	FEC ID number of contributing federal political committee.	С					5				28.	00
	Name of Employer	Occupation		_								
	United HealthCare Services Inc	Dir Ntwk Co	ontrotng									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		280.00	F	P/R Ded	uctio	on (\$14.0	0 Bi-W	eekly	')	
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	for commercial purposes, other than using the														
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)												
A.	Full Name (Last, First, Middle Initial) MARK LEENAY				Date of	Re	eceipt								
	Mailing Address 17882 BEARPATH TRAIL			09 30 2013 Transaction ID : PR2575982831274											
	City EDEN PRAIRIE	State MN	Zip Code 55347-3448												
	FEC ID number of contributing federal political committee.	C		A	Amount	t of	Each Re	eceipt th		78.00)				
	Name of Employer	Occupation		- '			7	7							
	United HealthCare Services Inc	NA Med Dir	/CMO												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/	'R Ded	uctio	on (\$39.(00 Bi-We	eekly)						
в.	Full Name (Last, First, Middle Initial) MICHAEL L CESTA				Date of	Re	eceipt								
	Mailing Address 3429 CRESTMOOR ALCOVE				м м 09	1	30	/ Y	2013	Ý					
	City WOODBURY	State MN	Zip Code 55125-5033	A			ion ID : F Each Re				_				
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	Name of Employer United HealthCare Services Inc	Occupation Med Dir													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/	R Dedi	uctio	on (\$14.0	00 Bi-We	ekly)						
C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt								
	Mailing Address 230 BATTALION WAY				м м	1	D D 30	/ Y	2013	Y					
	City MOUNT JULIET	State TN	Zip Code 37122-6135	A			ion ID : I Each Re								
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	Name of Employer	Occupation													
	United HealthCare Services Inc	Med Dir													
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SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information conied from such Reports a	nd Statements m	y not be sold or used by any r	erson for the purpose of soliciting contributions							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorport	rated PAC (United for Health)								
Full Name (Last, First, Middle Initial)										
A. PAMELA J GOLD			Date of Receipt							
Mailing Address 8370 DYNASTY WAY			09 30 _ 2013 _							
City	State	Zip Code	Transaction ID : PR2575988631274							
SALT LAKE CITY	UT	84121-6089	Amount of Each Receipt this Period							
FEC ID number of contributing	С		28.00							
federal political committee.	0									
Name of Employer	Occupation									
United HealthCare Services Inc	SB KA VP	SIs Acct Mgt								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)							
		/J /J	-							
Full Name (Last, First, Middle Initial) B. MARC R BRIGGS			Date of Receipt							
Mailing Address 1608 RED TREE CT			09 30 2013							
City	State	Zip Code	Transaction ID : PR2576001631274							
DRAPER	UT	84020-7704	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		80.00							
Name of Employer	Occupation	1								
United HealthCare Services Inc	Regn Exec									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. JOHN EDWARD SCOTT			Date of Receipt							
Mailing Address 4574 VIA DON LUIS			M M / D D / Y Y Y Y Y							
<u></u>		7. 0. 1	09 30 2013							
City NEWBURY PARK	State CA	Zip Code 91320-6905	Transaction ID : PR2576018631274							
FEC ID number of contributing			Amount of Each Receipt this Period							
federal political committee.	С		28.00							
Name of Employer	Occupation	1	_							
United HealthCare Services Inc	VP Info Te	ch								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			P/R Deduction (\$14.00 Bi-Weekly)							
Other (specify)		280.00	1							
			136.00							
SUBTOTAL of Receipts This Page (optiona	l)		136.00							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

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Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate Full Name (Last, First, Middle Initial) KIMBERLY K SONERHOLM Mailing Address 7210 HEGGIE AVE City LAS VEGAS FEC ID number of contributing	state NV	ddress of any political committe	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate Full Name (Last, First, Middle Initial) KIMBERLY K SONERHOLM Mailing Address 7210 HEGGIE AVE City LAS VEGAS	state NV	ddress of any political committe	Date of Receipt
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate Full Name (Last, First, Middle Initial) KIMBERLY K SONERHOLM Mailing Address 7210 HEGGIE AVE City LAS VEGAS	ed PAC (U State NV	Jnited for Health)	Date of Receipt
Full Name (Last, First, Middle Initial) KIMBERLY K SONERHOLM Mailing Address 7210 HEGGIE AVE City LAS VEGAS	State NV	Zip Code	M = M / D = D / Y = Y = Y
A. KIMBERLY K SONERHOLM Mailing Address 7210 HEGGIE AVE City LAS VEGAS	NV		M = M / D = D / Y = Y = Y
City LAS VEGAS	NV		
LAS VEGAS	NV		05 50 2015
	_	00101 0000	Transaction ID : PR2576033231274
FEC ID number of contributing		69131-3233	Amount of Each Receipt this Period
federal political committee.	С		28.00
Name of Employer	Occupation		
Health Plan of Nevada	KA VP SIs A	Acct Mgmt	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		280.00	P/R Deduction (\$14.00 Bi-Weekly)
			1
Full Name (Last, First, Middle Initial) B. JAY WARMUTH			Date of Receipt
Mailing Address 16215 GRABEN COURT			09 30 2013
City	State	Zip Code	Transaction ID : PR2576040031274
EDEN PRAIRIE	MN	55346-2331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer	Occupation		
United HealthCare Services Inc	Bus Segme	nt Gen Counsel	
Receipt For: Primary General	Aggregate	Year-to-Date V	
Other (specify) ▼		, 234.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 4644 VENETO DRIVE			09 30 2013
City	State	Zip Code	Transaction ID : PR2576045131274
FRISCO	ТХ	75033-7135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer	Occupation		
United HealthCare Services Inc	Assc Dir Nt	wk Contrctng	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		280.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			134.00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a		1b	11c	12			
Any information copied from such Reports	and Statements m	av not be sold or used by any n	erson for the	14		15 Dicitina	16 contribut	17		
or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorp	orated PAC (I	United for Health)								
Full Name (Last, First, Middle Initial)										
A. MICHAEL R GROENENDAAL			Date o	of Rece	eipt					
Mailing Address 1017 N EUCLID			09		30	/ Y	2013	Y		
City	State	Zip Code		sactior		R25760	4623127	4		
OAK PARK	IL	60302-1321	Amoun	t of Ea	ach Red	ceipt thi	is Period			
FEC ID number of contributing	С						28	.00		
federal political committee.	U			- 7		7				
Name of Employer	Occupation									
United HealthCare Services Inc Receipt For:	VP Exe Co	•								
Primary General	Aggregate	Year-to-Date ▼	P/R Dec	duction	(\$14.00		okly			
Other (specify) ▼		280.00	F/K Dec	luction	(\$14.00) DI-116	eriy)			
			·							
Full Name (Last, First, Middle Initial) B. RESTOR JOHNSON			Data	f Boos	vint					
Mailing Address 2700 CRESCENT RID				of Rece	aihr	/	Y Y	V		
			09	1	30	/ 1	2013			
City	State	Zip Code	Trans	saction	n ID : Pl	R25760	51631274	4		
MINNETONKA	MN	55305-2806	Amoun	t of Ea	ach Red	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C					ŋ	194.	.00		
Name of Employer	Occupation	1								
United HealthCare Services Inc Receipt For:	· · ·	Real Estate Svs								
Primary General	Aggregate	Year-to-Date ▼	D/P Doo	luction	(\$07.00		okhy)			
Other (specify)		, 1940.00	P/R Dec	uction	(\$97.00	DI-VVe	екіу)			
Full Name (Last, First, Middle Initial) C. JOHN F REX			Date o	of Rece	eipt					
Mailing Address 503 HARRINGTON RC	DAD		м м 09	/	D D 30	/ Y	y y 2013	Y		
City	State MN	Zip Code					6003127	4		
WAYZATA	IVIIN	55391-1512	Amoun	t of Ea	ach Red	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C					7	386	.00		
Name of Employer	Occupation	1								
United HealthCare Services Inc	Mkt Group	CFO								
Receipt For:	Aggregate	Year-to-Date ▼		duction	(\$102.)					
Other (specify) ▼		3860.00	P/R Dec	JUCTION	i (\$193.(JO BI-W	еекіу)			
SUBTOTAL of Receipts This Page (option	,	•		- 1		3	608.	00		
TOTAL This Period (last page this line n	umber only)	······)	·		_	7				

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FOR LINE NUMBER:

PAGE 155 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page							
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathematic the name and a	I ay not be sold or used by any p address of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (United for Health)							
Full Name (Last, First, Middle Initial) A. ANN M OHARA-FRYKMAN			Date of Receipt						
Mailing Address 10301 CEDAR LAKE RD #	<i>‡</i> 117		M M / D D / Y Y Y Y Y 09 30 _ 2013 _						
City MINNETONKA	State MN	Zip Code 55305-3253	Transaction ID : PR2576067531274 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Assc Dir Fi Aggregate		P/R Deduction (\$14.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) B. ROBERT E COOPER			Date of Receipt						
Mailing Address 50 BITTERNUT ROAD	State	Zip Code	09 30 2013						
MOUNT WOLF	PA	17347-9694	Transaction ID : PR2576095931274 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
Name of Employer United HealthCare Services Inc	Occupation Assc Dir M								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) C. NATHAN R KIEWEL			Date of Receipt						
Mailing Address 1137 PRAIRIE VIEW DR	SW		M M / D D / Y Y Y Y 09 30 2013						
City HUTCHINSON	State MN	Zip Code 55350-6725	Transaction ID : PR2576117531274 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer United HealthCare Services Inc	Occupation Sr Entrprs	n Res Plng Cnslt							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			84.00						
TOTAL This Period (last page this line numb	per only)								

Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or	for commercial purposes, other than using the			to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	Jnited for Health)						
Α.	Full Name (Last, First, Middle Initial) CHRIS KENT			Date of Receipt					
	Mailing Address 13273 CARLINGFORD LANE			09 30 / Y Y Y Y Y Y					
	City ROSEMOUNT	State MN	Zip Code 55068-6308	Transaction ID : PR2576119031274 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		222.22					
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation VP Gen Mg							
	Primary General Other (specify)	Aggregate	333.33	P/R Deduction (\$111.11 Bi-Weekly)					
	Full Name (Last, First, Middle Initial) CHANDRA LUE TORGERSON			Date of Receipt					
	Mailing Address 5433 10TH AVENUE SOUTH			09 30 2013					
	City MINNEAPOLIS	State MN	Zip Code 55417-2413	Transaction ID : PR2576128631274 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		78.00					
	Name of Employer United HealthCare Services Inc	Occupation VP Med Clin		_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$39.00 Bi-Weekly)					
	Full Name (Last, First, Middle Initial) STEVEN H NELSON			Date of Receipt					
	Mailing Address 2542 CROSBY ROAD			09 30 2013					
	City WAYZATA	State MN	Zip Code 55391-2318	Transaction ID : PR2576144831274 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		555.54					
	Name of Employer	Occupation	1	_					
	United HealthCare Services Inc	Bus Segme	ent CEO	_					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.31	P/R Deduction (\$277.77 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			855.76					
	OTAL This Period (last page this line number		, , , , , , , , , , , , , , , , , , ,						

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	-	Use separate schedule(s)	(check	only	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	a	11b	11c	12	
Any information copied from such Report		ay not be sold or used by any p		the pu				
or for commercial purposes, other than u	sing the name and a	ddress of any political committe	e to solicit	contr	ibutions	from suc	h committ	ee.
NAME OF COMMITTEE (In Full)	porated PAC (l	Jnited for Health)						
Full Name (Last, First, Middle Initial) A. JOHN E FRIDNER			Dat	e of F	Receipt			
Mailing Address 782 PENFIELD DR)9	/ 0	D / Y 0	2013	Y
City CAROL STREAM	State IL	Zip Code 60188-4738				: PR2576 Receipt th		4
FEC ID number of contributing federal political committee.	C				3		78	.00
Name of Employer United HealthCare Services Inc	Occupation SB NA VP S							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R I	Deduc	tion (\$3	9.00 Bi-W	eekly)	
Full Name (Last, First, Middle Initial) DANIEL J KENIRY			Dat	e of F	Receipt			
Mailing Address 5553 LITTLE FALLS F	ROAD State	Zip Code	()9		0	2013	
ARLINGTON	VA	22207-1525				: PR2577: Receipt th		4
FEC ID number of contributing federal political committee.	С				7	,	575.	22
Name of Employer United HealthCare Services Inc	Occupation VP Gov't Re							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3274.27	P/R [Deduc	tion (\$2	87.61 Bi-V	√eekly)	
Full Name (Last, First, Middle Initial) C. PHIL KRAUSE			Dat	e of F	Receipt			
Mailing Address 326 LAKEWOOD				м 09	/ D	D / Y	2013	Y
City BLOOMFIELD HILLS	State MI	Zip Code 48304-3533				: PR2578 Receipt th		4
FEC ID number of contributing federal political committee.	С				7		28	.00
Name of Employer	Occupation							
United HealthCare Services Inc	Assc Dir Hl	thcare Econ						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R	Deduc	tion (\$1	4.00 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (option	,	· · · · · · · · · · · · · · · · · · ·		_	3		681.	22
TOTAL This Period (last page this line r	number only)	······						

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	EMIZED RECEIPIS		Detailed Summary Page		11a		11	- H	11c		12	
٨	y information copied from such Reports and	Statemonto m	av not be sold or used by only n		13 for the		14		15 solicitin		16 ntribut	17
	for commercial purposes, other than using th											
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)									
A.	Full Name (Last, First, Middle Initial) LAURA CIAVOLA				Date of	f Re	ecei	ipt				
	Mailing Address 1686 WILDFIRE LANE				м м 09	/	Γ	30	/ Y		013	Y
	City	State	Zip Code		Trans	act	ion	ID : I	PR2578	8243	33127	4
	FRISCO	TX	75033-7325	_	Amount	t of	Ea	ach Re	eceipt tl	nis P	Period	
	FEC ID number of contributing federal political committee.	С					,		- 7	_	1111	10
	Name of Employer	Occupation	1									
	United HealthCare Services Inc	SVP Ops										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) V		1666.65] ^F	P/R Ded	uctio	ion	(\$555	.55 Bi-V	Veek	kly)	
В.	Full Name (Last, First, Middle Initial) SHERRI LEE GIORGIO				Date of	f Re	ecei	ipt				
	Mailing Address 311 WHITWORTH WAY				м м 09	/	Γ	0 D 30	/ Y)13	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR2600	<u>6489</u>	31274	1
	NASHVILLE	TN	37205-5017		Amount	t of	Ea	ach Re	eceipt tl	nis P	Period	
	FEC ID number of contributing federal political committee.	С					,		- 7	_	222.	22
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.33	P	/R Ded	uctio	on	(\$111	.11 Bi-V	Veek	ly)	
с.	Full Name (Last, First, Middle Initial) MARIANNE D SHORT	1			Date of	f Re	ecei	ipt				
	Mailing Address 2215 SUMMIT AVENUE				м м 09	1	E	0 D 30	/ Y		у)13	Y
	City SAINT PAUL	State MN	Zip Code 55105-1002						PR2601			4
	SAINT PAUL	IVIIN	55105-1002	_	Amount	t of	Ea	ach Re	eceipt tl	nis P	Period	
	FEC ID number of contributing federal political committee.	С					,		y	_	769	.22
	Name of Employer	Occupation	l									
	United HealthCare Services Inc	EVP Gen C	Counsel									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.27	"	P/R Ded	lucti	ion	(\$384	.61 Bi-\	Veek	dy)	
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,		- 7	-	2102.	54
Т	OTAL This Period (last page this line number	^r only)	•••••••	•								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c	-	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	f solicitir		ntribut	ions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate										
A.	Full Name (Last, First, Middle Initial) MICHAEL A CHRIST			[Date of	f Re	eceipt				
	Mailing Address 23 BRIARWOOD ROAD				м м 09	/	30			о13	Y
	City WEST HARTFORD	State CT	Zip Code 06107-2902	-			-	: PR260 Receipt			1
	FEC ID number of contributing federal political committee.	С					7			222.	22
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.33	P/	'R Ded	ucti	on (\$11	1.11 Bi-	Week	kly)	
В.	Full Name (Last, First, Middle Initial) STANLEY G DENNIS				Date of	f Re	eceipt				
	Mailing Address 1490 BENT CREEK DRIVE				м м 09	/	30			у 013	Y
	City SOUTHLAKE	State TX	Zip Code 76092-9499	-				PR260 ² Receipt			ļ
	FEC ID number of contributing federal political committee.	С					7		_	428.	57
	Name of Employer United HealthCare Services Inc	Occupation Optum Exec									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 428.57	P/	R Dedu	uctio	on (\$42	8.57 Bi-'	Week	(ly)	
C.	Full Name (Last, First, Middle Initial) SUSAN BUSCH NEHRING				Date of	f Re	eceipt				
	Mailing Address 2680 COUNTY ROAD NINET	Υ			м м 09	/	30			у 013	Y
	City MAPLE PLAIN	State MN	Zip Code 55359	4				: PR260 Receipt			4
	FEC ID number of contributing federal political committee.	С					7		_	250	00
	Name of Employer	Occupation									
	United HealthCare Services Inc Receipt For:	VP Comm	Veer te Dete 🖛								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00] P	/R Ded	lucti	on (\$12	25.00 Bi-	Weeł	kly)	
s	UBTOTAL of Receipts This Page (optional)						,	- 7		900.	79
т	OTAL This Period (last page this line number	only)									

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			Detailed Summary Page		(11a		11b		11c	Щ	12		
۸n	y information copied from such Reports and	Statemonto m	av not be sold or used by enviro		13 for the	DUT	14	of	15		16 atributi	17 005	
	for commercial purposes, other than using th												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)										
Α.	Full Name (Last, First, Middle Initial) TRACY MALONE				Date of	Re	eceipt	t					
	Mailing Address 900 S 22ND ST				м м 09	/		30	/ Y) 13	Y	
	City	State	Zip Code		Trans	acti	ion II	D : Pl	R26057	'369	31274	Ļ	
	ARLINGTON	VA	22202-2625	_	Amount	of	Each	n Red	eipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	7		y	_	153.	84	
	Name of Employer	Occupation	1										
	United HealthCare Services Inc	Dir Govt Re											
	Receipt For:	Aggregate	Year-to-Date ▼		/R Ded								
	Primary General Other (specify) ▼	Other (specify) 538											
в.	Full Name (Last, First, Middle Initial) LISA MARIE WERNER	1			Date of	Re	eceipt	t					
	Mailing Address 1941 HAVENSWOOD PLAC	E			м м 09	/		30	/ Y	ү 20	у 13	Y	
	City	State	Zip Code		Trans	acti	ion IC) : PF	R26068	428	31274		
	BLACKLICK	OH	43004-8510		Amount	of	Each	n Rec	eipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					3		7	_	625.	00	
	Name of Employer United HealthCare Services Inc	Occupation Behvrl Med											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	P	/R Dedu	uctio	on (\$:	312.5	i0 Bi-W	eekl	ly)		
<u>с.</u>	Full Name (Last, First, Middle Initial) MICHAEL E WEISSEL	l			Date of	Re	eceipt	t					
	Mailing Address 99 HAGEN ROAD				м м 09	/		30	/ Y) 13	Y	
	City	State	Zip Code		Trans	acti	ion II	D : P	R26068	3429	931274	ļ	
	NEWTON	MA	02459-2731		Amount	of	Each	n Rec	eipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7		600.	00	
	Name of Employer	Occupation	1										
	United HealthCare Services Inc	Optum Exe	с										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1200.00	F	P/R Ded	uctio	on (\$	300.0	00 Bi-W	/eek	ly)		
s	UBTOTAL of Receipts This Page (optional)		•				7		7	_	1378.8	34	
т	OTAL This Period (last page this line number	r only)		•			-						

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		Detailed Summary Page		11a		11b	11c	12	
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements main and a a	ddress of any political committee	erson f e to sol	or the licit cor	pur _l ntrib	pose of outions fr	soliciting	contribu	ee.
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorport	orated PAC (l	Jnited for Health)							
Full Name (Last, First, Middle Initial) JOHN MATTHEW MATECZUN				Date of	Re	ceipt			
Mailing Address 700 SAINT GEORGE B/				м м 09	1	30	/ Y	ү ү 2013	Y
	State MD	Zip Code						84513127	4
	WD	21035-1348	A	Amount	t of	Each R	eceipt thi	is Period	
FEC ID number of contributing federal political committee.	С					7	7	357	.14
Name of Employer	Occupation	I							
United HealthCare Services Inc Receipt For:	Sr Med Dir		_						
Receipt For: Primary General	Aggregate	Year-to-Date ▼		R Ded	ucti.	on (\$?57	7.14 Bi-W	eekly)	
Other (specify) ▼		357.14		Deu		στι (ψυυ <i>Π</i>		y)	
Full Name (Last, First, Middle Initial) 3.	I			Date of	Re	ceipt			
Mailing Address				M M	1	DD	/ Y	YY	Y
City	State	Zip Code		\mount	of	Each R	eceipt thi	s Period	_
FEC ID number of contributing federal political committee.	С								
Name of Employer	Occupation	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]						
Full Name (Last, First, Middle Initial)			Г	Date of	Re	ceipt			
Mailing Address				M M	_		/ Y	YY	Y
City	State	Zip Code		Ima:		East 7		o Dorie i	
FEC ID number of contributing federal political committee.	С			Amount	l Of	Eacn R	eceipt thi	is reriod	
Name of Employer	Occupation	1							
Receipt For:	Aggregate	Year-to-Date ▼	\neg						
Primary General	3.5.5.9440		1						
Other (specify)		/g	J						
SUBTOTAL of Receipts This Page (option	al)		. [Ξ		7	357.	14
TOTAL This Period (last page this line nur	nber only)		- Î					60253.	42

S	CHEDULE B (FEC Form 3X)			F	DR	LI	NE NU	JMBER:	:			PA	GE	162	OF 175
IT	EMIZED DISBURSEMENTS		erate schedule(s) category of the			ck d	only or				_			_	
			Summary Page			2	1b 7	22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right $	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated I	PAC (Ui	nited for Hea	alth)											
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Pat Roberts For US Senate Inc							Date o	f Dis	sburse	em	nent			
	Mailing Address PO Box 433							09	/	D)3	1		013	Y
	City	State	Zip Code												
	Great Bend	KS	67530					Trans	acti	ion ID):	364148	801		
	Purpose of Disbursement Contribution			0	11		1	Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate	one	orv/	11.		1						
	Sen. Pat Roberts				ype	,				7	_			150	0.00
	Office Sought: House Disburser Senate President					Contrib	utior	ı							
	State: KS District:														
	Full Name (Last, First, Middle Initial)														
В.	DAWG PAC - Democrats Against	Waste i	n Governme	nt				Date o	f Dis	sburse	em	nent			
								M – M	/	D	D	/	Y Y	Y	Y
	Mailing Address P.O. Box 83142							09			11		2	013	
	Gaithersburg	State MD	Zip Code 20883					Trans	sacti	ion ID):	364480	800		
	Purpose of Disbursement Contribution					-	11.	A		F aab	–				Devied
	Candidate Name)11	_	41.	Amoun		Each	U	ispuise	men	i ins	renou
	DAWG PAC - Democrats Against Wa	aste in G	overnment	Cate	ego ype				_					500	0.00
		ment For:		1	ype	;				7					
	Senate	Primary	General					Contrib	ution	-					
	President	Other (spe						Contrib	utior	1					
	State: District:		····)/ •												
_	Full Name (Last, First, Middle Initial)										_				
С.	Bluegrass Committee							Date o	f Dis	sburse	em	nent			
								M M	/	D	D	/	Y Y	Y	Y
	Mailing Address 220 1/2 E St. NE							09			8			013	
	City	State	Zip Code					Trove			. .	264704			
	Washington	DC	20002					irans	act	ION IL	<i>•</i> :	364706	UOU		
	Purpose of Disbursement Contribution						1								
				0	11			Amoun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate										500	0.00
	Bluegrass Committee			T	ype)				7	_	- 7			
		ment For:	Conorol												
	Senate President	Primary Other (spe	General					Contrib	utior	۱					
	State: District:	Other (spe	ecity)												
													_		
s	UBTOTAL of Disbursements This Page (optional)									,				11500	0.00
Т	OTAL This Period (last page this line number only))					•			,					

S	CHEDULE B (FEC Form 3X)					E NUMBER: PAGE 163 OF 175
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck or	nly one)
			Summary Page		211	
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the name	ments may me and add	not be sold or us lress of any polition	ed by cal cor	any pe nmittee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
\square	NAME OF COMMITTEE (In Full)					
\backslash	UnitedHealth Group Incorporated I	PAC (Ui	nited for Hea	alth)		
_	Full Name (Last, First, Middle Initial)					Date of Disbursement
А.	Friends Of Jim Clyburn					
	Mailing Address PO Box 12567					09 18 2013
	,	State	Zip Code			Transaction ID: 36470672
	Columbia Purpose of Disbursement	SC	29211			_
	Contribution			C)11	Amount of Each Disbursement this Period
	Candidate Name				egory/	2500.00
	Rep. James E. Clyburn Office Sought: V House Disburser	ment For:	2014	Т	уре	
	Senate	Primary	General			Contribution
	President	Other (spe	ecify) 🔻			
	State: SC District: 06					
в.	Full Name (Last, First, Middle Initial) Ron Barber For Congress					Date of Disbursement
						M M / D D / Y Y Y Y
	Mailing Address PO Box 57715					09 18 2013
	Tucson	State AZ	Zip Code 85732			Transaction ID : 36470673
	Purpose of Disbursement Contribution			(011	Amount of Each Disbursement this Period
	Candidate Name				egory/	1000.00
	Rep. Ronald Barber Office Sought: Y House Disburser	ment For:	2014	Т	уре	
	Senate X President	Primary Other (spe	General			Contribution
_	State: AZ District: 02 Full Name (Last, First, Middle Initial)					
C.	Tim Walz For US Congress					Date of Disbursement
						M M / D D / Y Y Y Y
	Mailing Address PO Box 938					09 18 2013
	City Mankato	State MN	Zip Code 56002			Transaction ID : 36470676
	Purpose of Disbursement Contribution					
	Candidate Name)11	Amount of Each Disbursement this Period
	Rep. Timothy J. Walz				egory/ ype	1500.00
	Office Sought: House Disburser Senate President State: MN District: 01	ment For: Primary Other (spe	General			Contribution
s	UBTOTAL of Disbursements This Page (optional)				····· >	5000.00
т	OTAL This Period (last page this line number only))			►	

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			LINE k only		ER:				P/	AGE	164	OF 175
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	2	2 8a	×	23 28b	F	24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated I	PAC (Ur	nited for Hea	lth)											
Α.	Full Name (Last, First, Middle Initial) Larson for Congress						Dat	e of	Dis	burse	err	nent			
	Mailing Address PO Box 261172							м 09	/	D 1	18	/		013	Y
	5	State CT	Zip Code				Tr	ans	acti	on ID):	364706	678		
	Hartford Purpose of Disbursement	CI	06126-1172	_		_									
	Contribution			0	11		Am	ount	of	Each	D	isburse	emen	t this	Period
	Candidate Name Rep. John B. Larson			Cate	egoi ype									250	0.00
	Office Sought: X House Disburser Senate President		ype		Cor	tribu	ution								
в.	State: CT District: 01 Full Name (Last, First, Middle Initial) First State PAC						Dat	e of	Dis	burse	em	nent			
	Mailing Address PO Box 3006							09	/		18			2013	Y
	Wilmington	State DE	Zip Code 19804				Т	rans	acti	ion IE):	36470	684		
	Purpose of Disbursement Contribution			C)11		Am	ount	of	Each	D	isburse	emen	t this	Period
	Candidate Name First State PAC			Cate	egoi ype									250	0.00
		ment For: Primary Other (spe	General ccify) ▼		ype		Cor	ntribu	ution	1					
с.	Full Name (Last, First, Middle Initial) Susan Davis for Congress						Dat	e of	Dis	burse	err	nent			
	Mailing Address PO Box 84049							09	/		D 8	1		013	Y
	City San Diego	State CA	Zip Code 92138-4049				Т	ans	acti	on ID):	36470	689		
	Purpose of Disbursement Contribution			0	11		•		. (-	_				Devia
	Candidate Name			Cate		ry/	Am	ount	t of	Each	D	isburse	emen		_
	Rep. Susan A. Davis Office Sought: V House Disburser	ment For:	2014	Ţ	ype			-		7				100	0.00
	State: CA District: 53	Primary Other (spe	General				Con	tribu	ution	I					
s	UBTOTAL of Disbursements This Page (optional)						Г							6000).00
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S	CHEDULE B (FEC Form 3X)			FC	DR LIN	IE N	UMBER	:		PAC	GE 165	OF 175
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cł	neck o 21 27	b [one) 22 28a	X 2 2	3 8b	24 28c	25 29	26 30b
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or use lress of any politic	ed by a al com	any pe nmittee	ersor to :	n for the solicit co	purpo ntributi	se of ions f	soliciting	g contrib h commi	utions ttee.
	NAME OF COMMITTEE (In Full)											
$ \rangle$	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)								
∠	Full Name (Last, First, Middle Initial)						Date o	f Dish	ursen	nent		
<i>_</i>	LOBO FAC						M M				YY	Y
	Mailing Address PO Box 492						09		18		2013	
	,	State	Zip Code				Trans	sactior	n ID :	3647069	3	
	Albuquerque Purpose of Disbursement	NM	87103									
	Contribution			0	11		Amoun	t of Ea	ach D	Disbursen	nent this	Period
	Candidate Name			Cate	egory/						150	0.00
	LOBO PAC				/pe					- 7	150	0.00
	Senate President	ment For: Primary Other (spe	General ecify) ▼				Contrib	ution				
	State: District:											
В.	Full Name (Last, First, Middle Initial) Moore For Congress						Date o	f Disbu	ursen	nent		
	Mailing Address PO Box 16646						м м 09	1	D 18		2013	Y
	Milwaukee	State WI	Zip Code 53216				Trans	sactio	n ID :	3647069	97	
	Purpose of Disbursement Contribution			0	11		Amoun	t of Ea	ach D	Disbursen	nent this	Period
	Candidate Name				egory/						100	0.00
	Rep. Gwendolynne Moore Office Sought: V House Disburse	ment For:	2014	Ty	/pe	_				7		
		Primary Other (spe	General				Contrib	ution				
_	Full Name (Last, First, Middle Initial)											
C.	Castro For Congress						Date o			_		
	Mailing Address PO Box 544						м м 09	/	18		2013	Y
	City San Antonio	State TX	Zip Code 78292				Trans	saction	n ID :	3647070	6	
	Purpose of Disbursement Contribution			0	11							
	Candidate Name			_	11		Amoun	t of Ea	ach D	Disbursen	nent this	Period
	Rep. Joaquin Castro				egory/ /pe						250	0.00
		ment For: Primary Other (spe	General				Contrib	ution				
							_		_			
s	UBTOTAL of Disbursements This Page (optional)				••••• •	-	Ľ.	- 1	_	- 7	500	0.00
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MBER:	:			P	AGE	166	OF 175
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C	hec	k only 21b	/ on	e)] 22	X	23	ſ	24		25	26
			Summary Page		-	210	-	22 28a	\vdash	23 28b	,	24	;	25	30b
	y information copied from such Reports and State for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)											
Α.	Full Name (Last, First, Middle Initial) Connecticut Democratic State Cer	ntral Cor	nmittee				I	Date of	f Dis	sburs	sen	nent			
	Mailing Address 330 Main Street, 3rd Floor							м м 09	/		25			013	Y
	City Hartford	State CT	Zip Code 06106					Trans	acti	ion II	D:	36481	806		
	Purpose of Disbursement Contribution			0	11	٦		Amoun	t of	Each	h E	Disburs	emen	it this	Period
	Candidate Name			Cate	egoi ype						Ì			75	0.00
	Office Sought: House Disburse Senate President State: District:		<u>, , , , , , , , , , , , , , , , , , , </u>		C	Contrib	utior	ı							
в.	Full Name (Last, First, Middle Initial) Scott Peters for Congress			1	Date of	_		sen		Y	/ Y	Y			
	Mailing Address PO Box 70980							09		-	30)	2	2013	
	City Washington	State DC	Zip Code 20024					Trans	sacti	ion I	D :	: 36493	097		
	Purpose of Disbursement Contribution			C)11		/	Amoun	t of	Each	h [Disburs	emen	it this	Period
	Candidate Name Rep. Scott Peters			Cate							1			100	0.00
	Office Sought: X House Disburse	ment For: Primary Other (spe	General		ype		C	Contrib	utior	י ר					
— c.	Full Name (Last, First, Middle Initial)							Date of	f Dis	sburs	sen	nent			
	Mailing Address 6100 Elton Ave., Suite 1000							м м 09	/		30			013	Y
	City	State	Zip Code				-	Trans	acti	ion I	П -	: 36493	000		
	Las Vegas Purpose of Disbursement Contribution	NV	89107	-		-		mane					000		
	Candidate Name			Cate				Amoun	t of	Each	h [Disburs	emen		Period 0.00
	Rep. Steven Horsford Office Sought: House Disburse Senate President X State: NV District: 04	ment For: Primary Other (spe	General		ype		C	Contribu	utior	7					
⊢	UBTOTAL of Disbursements This Page (optional).									,		7		275	0.00
1 '	OTAL This Period (last page this line number only	,		•••••	•••••	• 🕨			1.1	7	1	7	_		

SC	HEDULE B (FEC Form 3X)	.		F	OR L		JMBER:	:		P/	AGE	167 (DF 175
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck	only o 21b 27		X	23 28b	24 280		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Ur	nited for Hea	lth)									
-	Full Name (Last, First, Middle Initial) Tom Reed for Congress						Date of	f Dis	burse	_	Y Y	Y	Y
	Mailing Address PO Box 391						09		30	0	2	013	
	Geneva	State NY	Zip Code 14456-0391				Trans	acti	on ID	: 36493 [,]	01		
	Purpose of Disbursement Contribution			0	11		Amoun	t of	Each	Disburse	emen	t this	Period
	Candidate Name Rep. Thomas W. Reed II				egory ype	<i>y</i> /			,			2000	0.00
	Senate X	nent For: Primary Other (spe	General				Contrib	ution	I				
В.	Full Name (Last, First, Middle Initial) Ribble for Congress				Date of	f Dis	D	D /		Y	Ŷ		
	Mailing Address PO Box 7200						09		3	0	2	013	
	Appleton	State WI	Zip Code 54912-7069				Trans	sacti	on ID	: 36493	102		
	Purpose of Disbursement Contribution Candidate Name Rep. Reid Ribble			Cate)11 egory ype	//	Amoun	t of	Each	Disburse	emen	t this 2000	_
	Office Sought: House Disbursen Senate X	nent For: Primary Other (spe	General		ype		Contrib	utior	1				
	Full Name (Last, First, Middle Initial) Denham for Congress						Date of	f Dis	burse		V	Ý	V
	Mailing Address 2150 River Plaza Dr., #150						09	ĺ	3(013	
	5	State CA	Zip Code 95833			_	Trans	sacti	on ID	: 36493	103		
	Contribution Candidate Name Rep. Jeff Denham			Cate	11 egory ype	y/	Amoun	t of	Each	Disburse	emen	t this 1000	
	•	nent For: Primary Other (spe	General		ype		Contribu	ution		7	_		
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		-	k onl	-	ne)		-	_				
			Summary Page			21b 27		22 28a		23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	// .													
	UnitedHealth Group Incorporated F	PAC (Un	ited for Hea	lth)											
Α.	Full Name (Last, First, Middle Initial) Richardville Leadership Fund							Date o	f Di	sburse	em	nent			
	Mailing Address 106 W. Allegan, Suite 200						-	09	/	D (03		20		Y
	,	State MI	Zip Code					Trans	sact	ion ID) :	364148	02		
	Lansing Purpose of Disbursement	IVII	48933												
	Contribution			C)11			Amoun	t of	Each	n D	Disburse	ment	this P	eriod
	Candidate Name			Cate T	egoi ype	,				,				500.	00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General cify) ▼					Contrib	utior	٦					
в.	State: District: Full Name (Last, First, Middle Initial) Gail Haines Leadership Fund							Date o	_	sburse			YY	Y	Ý
	Mailing Address 2384 Lake Angelus Lane							09		(03		_ 20	13	
	Lake Angelus	State MI	Zip Code 48326					Trans	sact	ion IE	D :	364148	803		
	Purpose of Disbursement Contribution)11			Amoun	t of	Fach		Disburse	ment	this P	eriod
	Candidate Name			Cat						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mem	350.	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼					Contrib	utio	n					
_	Full Name (Last, First, Middle Initial)														
С.	Jim Marleau for State Senate							Date o							
	Mailing Address 3181 Sandoval						-	09	/	C	03		20	13	Y
	Lake Orion	State MI	Zip Code 48360					Trans	sact	ion IC	D :	364148	804		
	Purpose of Disbursement Jim Marleau, STATE SENATE 12th MI			C)11			Amoun	t of	Each	n D)isburse	ment	this P	eriod
	Candidate Name MI Sen. Jim Marleau			Cat	egoi ype			· ·						500.	00
		nent For: 2 Primary Other (spe	General		<u>, , , , , , , , , , , , , , , , , , , </u>			Jim Ma	rleau	u, STA	AT	E SENA	ATE 12	2th MI	
s	UBTOTAL of Disbursements This Page (optional)						1							1350.	00
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S	CHEDULE B (FEC Form 3X)			FC	DR I	INF NI	UMBER:			P	AGE 169	OF 175			
ITEMIZED DISBURSEMENTS		Use sepa for each o		neck	only o	ly one)									
			Summary Page			21b 27	22 		23 28b	24	25 X 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										ng contrib				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated F Full Name (Last, First, Middle Initial)	PAC (Un	ited for Hea	lth)											
Α.	Mike Callton for State Rep					Date of Disbursement									
	Mailing Address PO Box 676						09 03 / Y Y Y Y 2013								
	City S Nashville	State MI	Zip Code 49073				Trans	actio	on ID	: 36414	805				
	Purpose of Disbursement Mike Callton, STATE HOUSE 87th MI			0	11		Amount	t of E	ach	Disburse	ement this	Period			
	Candidate Name MI Rep. Mike Callton			Cate Ty	egory /pe	//		. ,			50	00.00			
	Office Sought: House Disburser Senate President	nent For: 2 Primary Other (spec	General				Mike Ca	allton,	STA	TE HOL	ISE 87th N	ЛІ			
в.	State: MI District: 87 Full Name (Last, First, Middle Initial) McManus Re-election Campaign						Date of	f Dist							
	Mailing Address 9406 Riveredge Drive						09 03 2013								
	City S Cordova	State TN	Zip Code 38018				Transaction ID : 36414808								
	Purpose of Disbursement Steve McManus, STATE HOUSE 96th TN	0	11		Amount of Each Disbursement this Period										
	Candidate Name TN Rep. Steve McManus			Cate Ty	egory vpe	//	750.00								
		nent For: 2 Primary Other (spec	General				Steve M	1cMa	nus, S	STATE I	HOUSE 96	6th TN			
с.	Full Name (Last, First, Middle Initial) Friends of Dolores Gresham						Date of	f Disk	oursei	ment					
	Mailing Address P.O. Box 877							09 / D D / Y Y Y Y 2013							
	City Somerville	State TN	Zip Code 38068				Transaction ID : 36414809								
	Purpose of Disbursement Dolores Gresham, STATE SENATE 26th TN 011						Amount of Each Disbursement this Period 750.00								
	Candidate Name TN Sen. Dolores Gresham Type														
	Office Sought: House Disburser Senate President State: TN District:	nent For: 2 Primary Other (spec	General				Dolores	Gres	sham,	STATE	SENATE	26th TN			
s	UBTOTAL of Disbursements This Page (optional)					•					200	00.00			
Т	OTAL This Period (last page this line number only)					•		. ,		,					

S	CHEDULE B (FEC Form 3X)			F	OR		NUMBI	ER:			P/	AGE 170	OF 175	
IT	EMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) for each category of the					y one) 22 23 24 25 26							
			Summary Page			21b 27	22			23 28b	24 28c			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam											ng contri	butions	
\square	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated F	PAC (Un	ited for Hea	lth)										
Α.	Full Name (Last, First, Middle Initial) Friends of Ken Yager						Date	e of E	Disk	oursei	ment			
	Mailing Address P.O. Box 684 900 Waterford Place						M C	9 9	/	03		2013		
		State	Zip Code											
	Kingston	TN	37763				Tra	ansad	ctio	on ID	: 36414	310		
	Purpose of Disbursement Ken Yager, STATE SENATE 12th TN			0	11		Amo	unt c	of E	ach	Disburse	ement thi	is Period	
	Candidate Name			Cate		·y/							750.00	
	TN Sen. Ken Yager			Ty	ype			-	- 7				30.00	
	Office Sought: House Disburser X Senate X President X	ment For: 2 Primary Other (spec	General				Ken	Yage	r, S	STATE	E SENA	TE 12th ⁻	ΓN	
	State: TN District:													
D	Full Name (Last, First, Middle Initial)						Det	of I	Jick		mont			
р.	Steve Dickerson for State Senate							Date of Disbursement						
	Mailing Address PO Box 120931						09 03 Y			2013				
	Nashville	State TN	Zip Code 37212				Transaction ID : 36414812							
	Purpose of Disbursement Steven Dickerson, STATE SENATE 20th TN	011				1	Amount of Each Disbursement this Period							
	Candidate Name TN Sen. Steven Dickerson			Cate	egor	ry/				į	500.00			
		ment For: 2	016	IJ	ype				- 7		7			
		Primary Other (spec	General				Stev	en Di	icke	erson,	, STATE	SENATI	E 20th TN	
_	Full Name (Last, First, Middle Initial)													
C.	Joe Pitts for State Representative						Date	e of E	Dist	oursei	ment			
	Mailing Address 544 Hay Market Road					9 9	/	03		2013				
	City Silver Silv	State TN	Zip Code 37043				Tr	ansa	ctio	on ID	: 36414	313		
	Purpose of Disbursement Joe Pitts, STATE HOUSE 67th TN				11									
	Candidate Name					_	Amo	unt c	of E	ach	Disburse	ement thi	s Period	
	TN Rep. Joe Pitts											7	750.00	
	•	ment For: 2 Primary Other (spec	General		ype		Joe	Pitts,	ST	ATE I	HOUSE	67th TN		
Г							_	_		_	_	_		
s	UBTOTAL of Disbursements This Page (optional)						L				7	20	00.00	
T	OTAL This Period (last page this line number only))				►			,					

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	ZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	100 100 100 100 100 100 100 100 100 100		22 28a	23 28b	24 28c	25 X 29	26 30b	
	ormation copied from such Reports and Stater ommercial purposes, other than using the nar											
NAM	E OF COMMITTEE (In Full)											
🛛 Un	itedHealth Group Incorporated I	PAC (Ur	nited for Hea	lth)								
	Name (Last, First, Middle Initial)					_						
A . Co	mmittee to Re-elect Steve McDa	aniel				Da	ate of D	isburse				
Maili	ng Address 97 Battleground Drive					M	09	0		2013	Y	
City Park	ers Crossroads	State TN	Zip Code 38388			т	ransac	tion ID	: 364148	14		
	ose of Disbursement			_	_	_						
Stev	ve McDaniel, STATE HOUSE 72nd TN			01	11	Am	nount o	f Each	Disburse	nent this	Period	
	lidate Name			Cate	gory/	ЪE				50	0.00	
	Rep. Steve McDaniel			Ту	ре	_ L		- 7	7	50	0.00	
Offic	Senate Yresident	ment For: Primary Other (spe	General			Ste	eve McI	Daniel, S	STATE HO	OUSE 72n	id TN	
	e: TN District: 72											
	ercrombie for Governor					Da	ate of D	isburse	ment			
						M	M M / D D / Y Y Y Y					
Maili	iling Address 1050 Ala Moana Boulevard, Suite 21						09	1	1	2013		
City Hone	blulu	State HI	Zip Code 96814			т	Transaction ID : 36448009					
	ose of Disbursement I Abercrombie, GOVERNOR HI			011	011	Am	Amount of Each Disbursement this Period					
	lidate Name			Cate	gory/	ΊΓ	2000.00					
	Gov. Neil Abercrombie			Ту	ре			7	7	200	0.00	
State	Senate X President	ment For: Primary Other (spe	General			Ne	il Abero	rombie,	, GOVERI	NOR HI		
-	Name (Last, First, Middle Initial) ends of Craig Fitzhugh					Da	ate of D	isburse	ment			
Maili	ng Address 135 S. Alpine Street				M	09	/ D		2013	Y		
City Riple		State TN	Zip Code 38063			Transaction ID : 36448016						
	ose of Disbursement ig Fitzhugh, STATE HOUSE 82nd TN			01	11			f Each	Dieleuwee		Devied	
Cano	lidate Name				Arr	nount o	r Each	Disbursei	nent this	Period		
Re	presenta Craig Fitzhugh			gory/ pe					50	0.00		
	e Sought: X House Disburser Senate President X	ment For: Primary Other (spe	General		<u>.</u>	Cra	aig Fitzł	hugh, S ⁻	TATE HO	USE 82nc	I TN	
	e: TN District: 82										_	
SUBTO	DTAL of Disbursements This Page (optional)				···· ►				7	3000	0.00	
TOTAL	. This Period (last page this line number only))			🕨	. L						

S	CHEDULE B (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 172 OF					2 OF 175					
IT	EMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) for each category of the					· _	y one)							
			Summary Page			21		22 28a		23 28b	┝	24 28c	× 29		
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					у ре	erson	for the		pose		solicitir	ig contri	ibutions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated F	PAC (U	nited for Hea	alth)											
Δ	Full Name (Last, First, Middle Initial)							Date o	f Die	shured	om	ant			
	Friends of David Shepard							M M	_					YY	
	Mailing Address 204 McCreary Heights							09 / 11 / 2013							
	5	State TN	Zip Code 37055					Trans	sacti	ion ID):	364480	17		
	Dickson Purpose of Disbursement		37055				_								
	David Shepard, STATE HOUSE 69th TN			0	11			Amoun	t of	Each	D	isburse	ment th	is Period	
	Candidate Name			Cate				· · ·			7			750.00	
	Representa David Shepard Office Sought: V House Disburser	ment For:	2014	T	ype				-	7					
	Senate X President	Primary Other (spe	General					David S	Shep	ard, S	БΤ	ATE HC	USE 69	9th TN	
_	State: TN District: 69						_								
В.	Full Name (Last, First, Middle Initial) Friends of Bill Ketron							Date o	f Di	sburse	em	nent			
	Mailing Address, 205.0. Oburst Distant Oct. 10						_	M M / D D / Y Y Y Y 09 11 2013							
	Mailing Address 805 S. Church Street Suite 12)	
	Murfreesboro	State TN	Zip Code 37130		Transac						Transaction ID : 36448018				
	Purpose of Disbursement Bill Ketron, STATE SENATE 13th TN	011						Amount of Each Disbursement this Period							
	Candidate Name			Cate				1000							
	TN Sen. Bill Ketron Office Sought: House Disburser	ment For:	2014	L.	/pe		_								
		Primary	General					Bill Ketron, STATE SENATE 13th TN					ΓN		
	State: TN District:	Other (spe	ecify) ▼						,		_				
_	Full Name (Last, First, Middle Initial)							Dete -	f D:			ont.			
С.	Friends of Barrett Rich							Date o							
	Mailing Address P.O. Box 505							м м 09		1	11		2013		
	City Somerville	State TN	Zip Code 38068					Trans	sact	ion ID):	364480	19		
	Purpose of Disbursement Barrett Rich, STATE HOUSE 94th TN			-											
	Candidate Name			0	11			Amoun	t of	Each	D	isburse	ment th	is Period	
	TN Rep. Barrett Rich	Cate									1		ę	500.00	
	•	ment For:	2014		700										
	Senate X	Primary	General					Barrett	Rich	, STA	T	E HOUS	SE 94th	TN	
	State: TN District: 94	Other (spe	ecify) 🔻												
	State. In District. 94								_	_			_		
s	UBTOTAL of Disbursements This Page (optional)					• 🕨	-		_	,			22	250.00	
т	OTAL This Period (last page this line number only))				. 🕨	•	L		7		7			

S	CHEDULE B (FEC Form 3X)			F	OR		UMBER	:		PA	GE 173	OF 175				
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			k only	one)									
			Summary Page		$\left - \right $	21b 27	22 28a	_	23 28b	24 28c	25 X 29	26 30b				
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	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated F	PAC (Ur	nited for Hea	lth)												
^	Full Name (Last, First, Middle Initial)						Data of Dishumanasi									
А.	Friends of Roger Kane						Date of Disbursement									
	Mailing Address 7031 Cherry Grove Rd.						09 <u>11</u> 2013									
	,	State TN	Zip Code				Trans	sacti	on ID	: 364480	20					
	Knoxville Purpose of Disbursement	IIN	37931													
	Roger Kane, STATE HOUSE 89th TN			0)11		Amour	t of	Each	Disburser	ment this	Period				
	Candidate Name			Cate	egor	ry/					50	0.00				
	TN Rep. Roger Kane			T	ype			-	7		50	0.00				
	Office Sought: House Disburser Senate President X	ment For: ; Primary Other (spe	General				Roger I	Kane	e, STA	TE HOUS	E 89th T	N				
	State: TN District: 89															
в	Full Name (Last, First, Middle Initial)						Date o	f Die	shurse	ment						
υ.	Friends of Susan Lynn						M M	_	D		YY	Y				
	Mailing Address 2204 Aventura Dr.						09 11 2013									
	Nount Juliet	State TN	Zip Code 37122				Transaction ID : 36448021									
	Purpose of Disbursement Susan Lynn, STATE HOUSE 57th TN				011		Amount of Each Disbursement this Period									
	Candidate Name TN Rep. Susan Lynn			Cate	egor ype	'y/	750.00									
		ment For:	2014	1	ype											
		Primary Other (spe	General				Susan	Lynr	n, STA	TE HOUS	E 57th T	N				
	State: TN District: 57															
C.	Full Name (Last, First, Middle Initial) Friends of Jeremy Durham						Date o									
	Mailing Address 802 Founders Pointe Blvd			м м 09	/	D 1		2013	Y							
	City Franklin	State TN	Zip Code 37064				Tran	sacti	ion ID	: 364480	22					
	Purpose of Disbursement Jeremy Durham, STATE HOUSE 65th TN															
	Candidate Name						Amount of Each Disbursement this Period									
	TN Rep. Jeremy Durham	Category									50	0.00				
	Office Sought: X House Disburser Senate President X	ment For: 2 Primary Other (spe	General				Jeremy	Dur	ham, S	STATE HO	OUSE 65	th TN				
_	State: TN District: 65															
s	UBTOTAL of Disbursements This Page (optional)								,		175	0.00				
т	OTAL This Period (last page this line number only))				►			,							

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 174 OF 175						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	lly one)						
	Detailed Summary Page	21b	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$						
Any information copied from such Reports and State or for commercial purposes, other than using the name		d by any perso	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	PAC (United for Heal	th)							
Full Name (Last, First, Middle Initial) A. Johnson for Tennessee			Date of Disbursement						
- Johnson for Tennessee									
Mailing Address 330 Franklin Road, Suite 135A-17	8		09 18 2013						
City	State Zip Code TN 37027		Transaction ID : 36470717						
Brentwood Purpose of Disbursement	TN 37027								
Jack Johnson, STATE SENATE 23rd TN		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
TN Sen. Jack Johnson	1.5	Туре	1000.00						
Office Sought: House Disburse X Senate President State: TN District:	ment For: 2014 Primary General Other (specify) ▼		Jack Johnson, STATE SENATE 23rd TN						
Full Name (Last, First, Middle Initial)									
B. Committee to Elect Charles Sarge	nt		Date of Disbursement						
Mailing Address PO Box 1515			09 / D D / Y Y Y Y 18 / 2013						
City Franklin	State Zip Code TN 37065		Transaction ID : 36470721						
Purpose of Disbursement Charles Sargent, STATE HOUSE 61st TN		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	750.00						
TN Rep. Charles M. Sargent Jr.		Туре	730.00						
	ment For: 2014 Primary ☐ General Other (specify) ▼		Charles Sargent, STATE HOUSE 61st TN						
Full Name (Last, First, Middle Initial)									
C. Pileggi Victory Committee			Date of Disbursement						
Mailing Address PO Box 2029			09 / D D / Y Y Y Y 2013						
City Media	State Zip Code PA 19063		Transaction ID : 36470728						
Purpose of Disbursement Contribution	Purpose of Disbursement								
Candidate Name	011 Category/ Type	Amount of Each Disbursement this Period 1000.00							
Office Sought: House Disburse Senate President	ment For: Primary General	71-	Contribution						
State: District:	Other (specify)								
SUBTOTAL of Disbursements This Page (optional).			2750.00						

	HEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE								
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\begin{array}{c c c c c c c c c c c c c c c c c c c $							
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may not be sold or u ame and address of any polit	ised by any pers tical committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.							
\square	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (United for He	alth)								
-	Full Name (Last, First, Middle Initial) Citizens for Hughes			Date of Disbursement							
				M M / D D / Y Y Y Y							
	Mailing Address 7478 Rhoads St., Suite A			09 18 2013							
	City Philadelphia	State Zip Code PA 19151		Transaction ID : 36470850							
	Purpose of Disbursement Vincent Hughes, STATE SENATE 7th PA		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/	1000.00							
	PA Sen. Vincent Hughes Office Sought: House Disburse	ement For: 2016	Туре								
	Senate President	Primary General Other (specify)		Vincent Hughes, STATE SENATE 7th PA							
	State: PA District:										
	Full Name (Last, First, Middle Initial) Mike Turzai Leadership Fund			Date of Disbursement							
	Mailing Address P.O. Box 721			09 25 2013							
	City Wexford		Transaction ID : 36481807								
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name		Category/ Type	1000.00							
	Office Sought: House Disburse	ement For:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	President	Primary General Other (specify)		Contribution							
	State: District: Full Name (Last, First, Middle Initial)										
C.				Date of Disbursement							
	Mailing Address										
	City	State Zip Code									
	Purpose of Disbursement		····								
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼									
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional).		••••••	2000.00							
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