

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		220131.42
(b) Cash on Hand at Beginning of Reporting Period.....	310484.53	
(c) Total Receipts (from Line 19)	68080.62	499183.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	378565.15	719314.65
7. Total Disbursements (from Line 31).....	52350.00	393099.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	326215.15	326215.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60253.42	385650.13
(ii) Unitemized	7827.20	113533.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	68080.62	499183.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	68080.62	499183.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	68080.62	499183.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68080.62	499183.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35250.00	384750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	248.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	248.00
29. Other Disbursements	17100.00	8001.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52350.00	393099.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52350.00	393099.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. HEATHER CIANFROCCO
Full Name (Last, First, Middle Initial)

Mailing Address 2799 WEST BARDONNER ROAD

City State Zip Code
GIBSONIA PA 15044-8462

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

Name of Employer Occupation
United HealthCare Services Inc Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : 36463106

Amount of Each Receipt this Period
2500.00

B. DEBORAH S STREB
Full Name (Last, First, Middle Initial)

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code
UPPER ARLINGTON OH 43221-3810

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

Name of Employer Occupation
United HealthCare Services Inc Dir Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR1159794131274

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code
WEST WARWICK RI 02893-1985

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

Name of Employer Occupation
United HealthCare Services Inc Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR1159794631274

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....	2568.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code
LONGBOAT KEY FL 34228-4121

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

Name of Employer Occupation
United HealthCare Services Inc Ntwk Contract Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1159798231274

Amount of Each Receipt this Period
38.46

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

B. BRIAN R BELLOWS
Full Name (Last, First, Middle Initial)

Mailing Address 10 SHADOWOOD LANE

City State Zip Code
TRUMBULL CT 06611-4062

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

Name of Employer Occupation
United HealthCare Services Inc Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1159803831274

Amount of Each Receipt this Period
30.00

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

C. KEITH W NOBLITT
Full Name (Last, First, Middle Initial)

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code
SENECA SC 29672-6764

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

Name of Employer Occupation
United HealthCare Services Inc SCE 3 NAs Ind Contr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1159805531274

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City LINCORN State NE Zip Code 68510-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159806031274
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. WAYNE F COOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 PEBBLE HILL ROAD
 City DOYLESTOWN State PA Zip Code 18901-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159812831274
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. DAVID S WICHMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 ANTRIM ROAD
 City EDINA State MN Zip Code 55439-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159814731274
 Amount of Each Receipt this Period 384.60
 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK J ERLANDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 OLD LONG LAKE ROAD
 City WAYZATA State MN Zip Code 55391-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159815931274
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PATRICIA R SAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8943 HIDDEN MEADOW R
 City WOODBURY State MN Zip Code 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159816431274
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159816631274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159816931274
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159817431274
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1159817931274
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	678.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS J QUIRK
Full Name (Last, First, Middle Initial)
Mailing Address 4307 BEECHWOOD LANE

City DALLAS	State TX	Zip Code 75220-1909
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1159819131274

Amount of Each Receipt this Period
100.00

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

B. DAVID J FALK
Full Name (Last, First, Middle Initial)
Mailing Address 323 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904-1851
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1159820231274

Amount of Each Receipt this Period
28.00

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

C. WILLIAM C TRACY
Full Name (Last, First, Middle Initial)
Mailing Address 13016 CANTERBURY

City LEAWOOD	State KS	Zip Code 66209-1768
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1154.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1159821531274

Amount of Each Receipt this Period
115.40

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

SUBTOTAL of Receipts This Page (optional).....▶	243.40
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address **PO BOX 72**

City **WAYZATA** State **MN** Zip Code **55391-0072**

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

Name of Employer **United HealthCare Services Inc** Occupation **EVP Consumr Hlth Med Care**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : PR1159827431274

Amount of Each Receipt this Period

2	0	0	0	0	0	0	0	0	0

200.00

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

Full Name (Last, First, Middle Initial)
B. BARBARA C BUENEMANN

Mailing Address **128 ROSEBROOK DR**

City **FLORISSANT** State **MO** Zip Code **63031-8633**

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

Name of Employer **United HealthCare Services Inc** Occupation **Dir Cust Service**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : PR1159828731274

Amount of Each Receipt this Period

2	3	0	8	0	0	0	0	0	0

23.08

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

Full Name (Last, First, Middle Initial)
C. JEANNINE M RIVET

Mailing Address **4305 TRILLIUM WAY**

City **MINNETRISTA** State **MN** Zip Code **55364-7708**

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

Name of Employer **United HealthCare Services Inc** Occupation **EVP UnitedHlth Grp**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : PR1159830031274

Amount of Each Receipt this Period

3	8	4	6	0	0	0	0	0	0

384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	607.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JACK E SHUFF		Date of Receipt 09 / 30 / 2013 Transaction ID : PR1159830531274
Mailing Address 360 ASPEN LANE		Amount of Each Receipt this Period 78.00
City COVINGTON	State LA	Zip Code 70433-5736
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SB RVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Mr. ANTHONY WELTERS		Date of Receipt 09 / 30 / 2013 Transaction ID : PR1332013231274
Mailing Address 919 SAIGON ROAD		Amount of Each Receipt this Period 384.60
City MCLEAN	State VA	Zip Code 22102-2116
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	

Full Name (Last, First, Middle Initial) C. ROBERT J BOHNENKAMP		Date of Receipt 09 / 30 / 2013 Transaction ID : PR1551005631274
Mailing Address 4925 WOODS COURT		Amount of Each Receipt this Period 78.00
City GREENWOOD	State MN	Zip Code 55331-9291
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional).....▶	540.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 121 W VIEW STREET

City LOMBARD State IL Zip Code 60148-1659

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 30 / 2013**
Transaction ID : **PR1551005731274**

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

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

B. CHRISTOPHER R HOCK
Full Name (Last, First, Middle Initial)

Mailing Address 215 WINDMILL HILL

City WETHERSFIELD State CT Zip Code 06109-2746

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

Name of Employer: United HealthCare Services Inc
Occupation: Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt: **09 / 30 / 2013**
Transaction ID : **PR1551128931274**

Amount of Each Receipt this Period: **23.08**

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

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

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073-3621

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

Name of Employer: United HealthCare Services Inc
Occupation: Chief Growth Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1380.60**

Date of Receipt: **09 / 30 / 2013**
Transaction ID : **PR1551133431274**

Amount of Each Receipt this Period: **536.46**

P/R Deduction (\$268.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **599.54**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City State Zip Code
 LONG LAKE MN 55356-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1538.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1551161331274
 Amount of Each Receipt this Period
 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LOIS T WEIHRAUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10392 SHERMAN DRIVE
 City State Zip Code
 EDEN PRAIRIE MN 55347-4452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1551161431274
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City State Zip Code
 SOUTH WINDSOR CT 06074-2142
 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1554323531274
 Amount of Each Receipt this Period
 110.00
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY State TX Zip Code 77459-4111

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1554324631274

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1575957631274

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938-5622

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1575958131274

Amount of Each Receipt this Period
153.84

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

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1575958531274
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. THOMAS S PAUL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 QUEEN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1580864731274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. ROBERT THOMAS WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1580865331274
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1596304131274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1596304331274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1596304531274
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3749

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1596304631274

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 6844 FLEUR DE LANE

City STONE LAKE State WI Zip Code 54876

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1596304931274

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 11582 RASPBERRY HILL ROAD

City EDEN PRAIRIE State MN Zip Code 55344-3268

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2969.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1596305431274

Amount of Each Receipt this Period
676.66

P/R Deduction (\$338.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	831.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356-9312

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR1596305631274

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
TAMPA FL 33606-3614

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR1596306931274

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424-1158

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

Name of Employer Occupation
United HealthCare Services Inc SVP Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR1596307031274

Amount of Each Receipt this Period
220.00

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

SUBTOTAL of Receipts This Page (optional)..... **335.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 17907 INVERNESS CURVE

City State Zip Code
EDEN PRAIRIE MN 55347-2155

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1596309331274

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618-2149

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

Name of Employer Occupation
United HealthCare Services Inc Regn Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1596309731274

Amount of Each Receipt this Period
78.00

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

C. JEFFREY P DOOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1142 GREENBROOK DRIVE

City State Zip Code
DANVILLE CA 94526-4306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1596312131274

Amount of Each Receipt this Period
23.08

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

SUBTOTAL of Receipts This Page (optional).....▶	129.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 28115 BOULDER BRIDGE DRIVE

City EXCELSIOR	State MN	Zip Code 55331-7959
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1596312931274

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 9825 GERALD DR

City SAINT LOUIS	State MO	Zip Code 63128-1767
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1596313731274

Amount of Each Receipt this Period
40.00

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

C. KATHLEEN A MALLATT
Full Name (Last, First, Middle Initial)

Mailing Address 4304 SOUTH 167 AVENUE

City OMAHA	State NE	Zip Code 68135-1353
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1596315431274

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	328.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 175 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE	State NC	Zip Code 28269-7705
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1596316831274

Amount of Each Receipt this Period
38.46

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

B. DANIEL I ROSENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 109 SLEEPY HOLLOW LANE

City ORINDA	State CA	Zip Code 94563-1340
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1596317331274

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR1596317431274

Amount of Each Receipt this Period
150.00

P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	226.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE State GA Zip Code 30024-8576

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

Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR1596318431274

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 720 COUNTRY LAKES DR

City CIRCLE PINES State MN Zip Code 55014-5488

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR1596318931274

Amount of Each Receipt this Period **23.08**

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003-1607

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR1596319031274

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **151.08**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. M LAURIE WASSERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 92 GOODWIN CIRCLE
 City HARTFORD State CT Zip Code 06105-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS NA VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1596319531274
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. MYRON R WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1596319631274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JOHN P DODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1600597331274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 156.46
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1600598531274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1600598731274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR1602669931274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 18076 CLEAR SPRING LANE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1078

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1613243531274

Amount of Each Receipt this Period
192.30

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

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

Mailing Address 14 MYRA LN

City	State	Zip Code
BURLINGTON	CT	06013-1327

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1653443131274

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City	State	Zip Code
EDINA	MN	55435-4150

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR1653443231274

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	616.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416-4346
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SB RVP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1154.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1653444331274

Amount of Each Receipt this Period
115.40

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

B. ALISTAIR D JACQUES
Full Name (Last, First, Middle Initial)

Mailing Address 645 OLD LONG LAKE ROAD

City WAYZATA	State MN	Zip Code 55391-9684
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1653445231274

Amount of Each Receipt this Period
384.60

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

C. DANIEL T SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092-2524
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1653445831274

Amount of Each Receipt this Period
23.08

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

SUBTOTAL of Receipts This Page (optional).....▶	523.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 175 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ELIZABETH DARCIE CORBIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR1669432231274
Mailing Address 7985 LEA CIRCLE		Amount of Each Receipt this Period 200.00
City BLOOMINGTON	State MN	Zip Code 55438-1286
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Hlth Care Initiv
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. MILES S SNOWDEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR1746717831274
Mailing Address 3412 KNOLLWOOD DRIVE		Amount of Each Receipt this Period 384.60
City ATLANTA	State GA	Zip Code 30305-1020
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Chief Med Off
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ANN DESTWOLINSKI		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR1806441631274
Mailing Address 4247 ROSE PETAL COURT		Amount of Each Receipt this Period 22.00
City ELLCOTT CITY	State MD	Zip Code 21043-4973
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Preservice Review
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	606.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WILLIAM TALAMANTES
Full Name (Last, First, Middle Initial)
Mailing Address 11618 ROLLING MEADOW DR
City GREAT FALLS State VA Zip Code 22066-1342
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1806444731274
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B. LORI A ARCHER
Full Name (Last, First, Middle Initial)
Mailing Address 2781 SADDLE CLUB ROAD
City GREENWOOD State IN Zip Code 46143-9211
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.80

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1806750131274
Amount of Each Receipt this Period 23.08
P/R Deduction (\$11.54 Bi-Weekly)

C. PAUL M EMERSON
Full Name (Last, First, Middle Initial)
Mailing Address 18855 MEADOW VIEW BLVD
City PRIOR LAKE State MN Zip Code 55372-3133
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 769.20

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1806750331274
Amount of Each Receipt this Period 76.92
P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. CATHERINE K ANDERSON		Date of Receipt
Mailing Address 37 W 2000 S		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DRIGGS	ID	83422-4874
FEC ID number of contributing federal political committee.		Transaction ID : PR1903550731274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="194.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	VP Bus Dvlp	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1311.20"/>	

Full Name (Last, First, Middle Initial) B. KATHLEEN L BISHOP		Date of Receipt
Mailing Address 145 COTTAGE RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ENFIELD	CT	06082-2208
FEC ID number of contributing federal political committee.		Transaction ID : PR1903560831274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERT J DUFEK		Date of Receipt
Mailing Address 816 PROMONTORY PLACE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EAGAN	MN	55123-2297
FEC ID number of contributing federal political committee.		Transaction ID : PR1903577131274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
United HealthCare Services Inc	VP IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="284.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125-9592

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1903578131274

Amount of Each Receipt this Period
200.00

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

B. CHRISTOPHER T JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
STILLWATER MN 55082-1063

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1903591131274

Amount of Each Receipt this Period
78.00

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

C. STEVEN F PENN
Full Name (Last, First, Middle Initial)

Mailing Address 6766 IDLEWOOD WAY

City State Zip Code
EDEN PRAIRIE MN 55346-3506

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR1903612931274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 20030 EXCELSIOR BLVD

City EXCELSIOR State MN Zip Code 55331-8727

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

Name of Employer United HealthCare Services Inc Occupation SVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1903622031274

Amount of Each Receipt this Period
 200.00

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

B. LORI A STEERUP
Full Name (Last, First, Middle Initial)

Mailing Address 7019 DONLEA LANE

City EDEN PRAIRIE State MN Zip Code 55346-3164

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1903628631274

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 317 WRIGHTS MILL RD

City COVENTRY State CT Zip Code 06238-1559

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR1903636931274

Amount of Each Receipt this Period
 38.46

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. PAMELA JAMIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15316 COUTOLENC RD
 City MAGALIA State CA Zip Code 95954-9791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR1910417431274
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

B. BRADLEY E ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 THORNBERRY CREEK DR
 City ONEIDA State WI Zip Code 54155-8632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2119466831274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. RUSSELL A BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 HALSEY AVE
 City LAGUNA NIGUEL State CA Zip Code 92677-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2119468031274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	103.08
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620-0204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119468131274
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. KATHIE L BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mrkting Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119469431274
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. COLLEEN CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 W 73RD AVENUE
 City WESTMINSTER State CO Zip Code 80003-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119469931274
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID S CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021-2958

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119470231274

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648-6710

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119470331274

Amount of Each Receipt this Period 192.00

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

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

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720-2931

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119471831274

Amount of Each Receipt this Period 50.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 315 N 71ST ST

City SEATTLE State WA Zip Code 98103-5019

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

Name of Employer: United HealthCare Services Inc Occupation: Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2119472531274

Amount of Each Receipt this Period: 40.00

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

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

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815-3023

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

Name of Employer: United HealthCare Services Inc Occupation: Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2119472631274

Amount of Each Receipt this Period: 38.00

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

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

Mailing Address 1390 FINCH LN

City GREEN BAY State WI Zip Code 54313-6400

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

Name of Employer: United HealthCare Services Inc Occupation: Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2119472831274

Amount of Each Receipt this Period: 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 175 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. AMY J GILDERNICK		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 2709 WILLIAMS GRANT		Transaction ID : PR2119475231274
City DE PERE	State WI	Zip Code 54115-9456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Clms	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. DAVID M HANSEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 33 VIA CONOCIDO		Transaction ID : PR2119476731274
City SAN CLEMENTE	State CA	Zip Code 92673-7044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) C. SAMUEL W HO		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 4220 OCEAN DR		Transaction ID : PR2119477931274
City MANHATTAN BEACH	State CA	Zip Code 90266-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 307.60
Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KEVIN D HOST
Full Name (Last, First, Middle Initial)
Mailing Address 14617 GRANT ST
City OVERLAND PARK State KS Zip Code 66221-2283
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Pharm Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2119478231274
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. BRIAN JEFFREY
Full Name (Last, First, Middle Initial)
Mailing Address 9 RIMROCK
City IRVINE State CA Zip Code 92603-3604
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2119479131274
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

C. JOHN D JONES
Full Name (Last, First, Middle Initial)
Mailing Address 3562 REDWOOD
City IRVINE State CA Zip Code 92606-2124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1920.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2119479231274
Amount of Each Receipt this Period **192.00**
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **282.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 19312 FAIRHAVEN EXT

City SANTA ANA State CA Zip Code 92705-6310

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

Name of Employer United HealthCare Services Inc Occupation VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2119480231274

Amount of Each Receipt this Period
 30.00

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

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

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313-7286

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

Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2119482231274

Amount of Each Receipt this Period
 30.00

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

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

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232-4902

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2119482531274

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY S MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 SHEMIRAN ST
 City LA VERNE State CA Zip Code 91750-2380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119483031274
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119485031274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119485231274
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LYNDA A PAXSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 E GARNET PL
 City State Zip Code
 HIGHLANDS RANCH CO 80126-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Field Acct Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2119485831274
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. DIANA S PETE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9010 MORNINGSTAR DRIVE
 City State Zip Code
 SUGAR LAND TX 77479-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Utilization Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2119486331274
 Amount of Each Receipt this Period
 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. MICHELLE LYNN PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1128 COUNTRYSIDE DR
 City State Zip Code
 DE PERE WI 54115-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2119486431274
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	104.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408-3868

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

Name of Employer United HealthCare Services Inc Occupation Pres Ntwks

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119486731274

Amount of Each Receipt this Period 270.00

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

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

Mailing Address 3401 E VIA PALOMITA

City Tucson State AZ Zip Code 85718-3371

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

Name of Employer United HealthCare Services Inc Occupation SVP Strat Initiv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119486831274

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 143 RUSTIC OAK DRIVE

City Luxemburg State WI Zip Code 54217-7320

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119487231274

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 498.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHARON A RICCIUTI
Full Name (Last, First, Middle Initial)
Mailing Address 55 PERENNIAL

City IRVINE	State CA	Zip Code 92603-0621
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2119487931274

Amount of Each Receipt this Period
40.00

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

B. MARILYNN D STYERS
Full Name (Last, First, Middle Initial)
Mailing Address 6485 WAYFINDERS CT

City CARLSBAD	State CA	Zip Code 92011-4076
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2119490731274

Amount of Each Receipt this Period
40.00

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

C. CHERYL TANIGAWA MD
Full Name (Last, First, Middle Initial)
Mailing Address 5598 NAPLES CANAL

City LONG BEACH	State CA	Zip Code 90803-4018
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Entrprs Hlth Svs
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2119491131274

Amount of Each Receipt this Period
50.00

P/R Deduction (\$275.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHERYL A THOMSON
Full Name (Last, First, Middle Initial)
Mailing Address 222 FOREST DR
City SOBIESKI State WI Zip Code 54171-9748
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Compli
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119491631274
Amount of Each Receipt this Period 300.00
P/R Deduction (\$15.00 Bi-Weekly)

B. STEVEN M TUCKER
Full Name (Last, First, Middle Initial)
Mailing Address 12331 COUNTRY LANE
City SANTA ANA State CA Zip Code 92705-3330
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Regl Affs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119492031274
Amount of Each Receipt this Period 192.00
P/R Deduction (\$96.00 Bi-Weekly)

C. SUSAN VANASTEN
Full Name (Last, First, Middle Initial)
Mailing Address W313 GOLDEN GLOW RD
City KAUKAUNA State WI Zip Code 54130-7809
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Slis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119492631274
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	302.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT B WESTPHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4536 ROCKY RUN LN
 City OCONTO State WI Zip Code 54153-9268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119493231274
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

B. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119493531274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. GREGORY WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 13901 MAUVE DRIVE
 City SANTA ANA State CA Zip Code 92705-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2119494131274
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	113.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GEORGE M YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 36296 N 98TH WAY

City State Zip Code
SCOTTSDALE AZ 85262-3138

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

Name of Employer Occupation
United HealthCare Services Inc Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2119494431274

Amount of Each Receipt this Period
300.00

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

B. FORREST G BURKE
Full Name (Last, First, Middle Initial)

Mailing Address 380 LEAF STREET

City State Zip Code
ORONO MN 55356-9733

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2133132431274

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 831 RATLEY ROAD

City State Zip Code
WEST SUFFIELD CT 06093-2400

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

Name of Employer Occupation
United HealthCare Services Inc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2133132531274

Amount of Each Receipt this Period
24.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105-1539

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2133132631274

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 4133 WHITE OAK LN

City EXCELSIOR State MN Zip Code 55331-5702

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2133133131274

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401-2452

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2133133231274

Amount of Each Receipt this Period 76.92

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ALLEN D MILLER		Date of Receipt
Mailing Address 6209 CRESCENT DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55436-2530
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133631274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="700.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Regn Exec Dir	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$35.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN C MORISATO		Date of Receipt
Mailing Address 238 ARDMORE ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DES PLAINES	IL	60016-2119
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133831274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="386.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Pres Insurance Sols	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$193.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3860.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KIMBERLY ALLENE NETTLETON		Date of Receipt
Mailing Address 5003 DARNELL		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
HOUSTON	TX	77096-1510
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133931274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="486.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 303 ELMWOOD PLACE WEST

City	State	Zip Code
MINNEAPOLIS	MN	55419-1349

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Financial Plng Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2133134231274

Amount of Each Receipt this Period
384.60

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

B. DIANE M SCHIMMELBUSCH
Full Name (Last, First, Middle Initial)

Mailing Address 2203 RIVER FALLS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339-3124

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2133134631274

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 6069 WEATHERED OAK CT

City	State	Zip Code
WESTERVILLE	OH	43082-8304

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2145728431274

Amount of Each Receipt this Period
76.92

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WAYNE MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 19521 SIERRA SOTO RD
City IRVINE State CA Zip Code 92603-3840
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Clnt Relationship
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2145729231274
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. LEAH C RUMMEL
Full Name (Last, First, Middle Initial)
Mailing Address 12100 TRAUTWEIN ROAD
City AUSTIN State TX Zip Code 78737-9358
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2145729531274
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$15.00 Bi-Weekly)

C. MICHAEL P SCHWARZ
Full Name (Last, First, Middle Initial)
Mailing Address 13935 WOODRIDGE PATH
City SAVAGE State MN Zip Code 55378-3155
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Hlthcare Econ
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2145729731274
Amount of Each Receipt this Period **70.00**
P/R Deduction (\$35.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 OF 175 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345-5601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3860.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2145729931274

Amount of Each Receipt this Period
386.00

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

B. RANDALL SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code
LAND O LAKES FL 34638-8328

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2145730031274

Amount of Each Receipt this Period
23.08

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

C. MARGARET W SPARKS
Full Name (Last, First, Middle Initial)

Mailing Address 44 TOPANGA

City State Zip Code
IRVINE CA 92602-2422

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

Name of Employer Occupation
United HealthCare Services Inc VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2145730231274

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 509.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 37 HIDDEN TRAIL

City	State	Zip Code
IRVINE	CA	92603-0212

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2162867631274

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
B. KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City	State	Zip Code
MAINEVILLE	OH	45039-7720

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2203967531274

Amount of Each Receipt this Period
23.08

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

Full Name (Last, First, Middle Initial)
C. CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City	State	Zip Code
NEW HOPE	MN	55427-2622

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Strat Initiv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2225166731274

Amount of Each Receipt this Period
230.76

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

SUBTOTAL of Receipts This Page (optional).....▶	638.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ANDREW M SLAVITT		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2225167431274
Mailing Address 5125 MIRROR LAKES DRIVE		Amount of Each Receipt this Period 499.90
City EDINA	State MN	Zip Code 55436-1341
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Optum Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.90	
		P/R Deduction (\$0.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JEAN-FRANCOIS BEAULE		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2225813631274
Mailing Address 7 STRATFORD RD		Amount of Each Receipt this Period 115.40
City FARMINGTON	State CT	Zip Code 06032-1444
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation SVP Hlth Advancement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00	
		P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. NANCY S MACK		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2225818431274
Mailing Address 10140 26TH AVENUE NORTH		Amount of Each Receipt this Period 30.00
City PLYMOUTH	State MN	Zip Code 55441-3226
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	645.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481-2204

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2225818831274

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2225819331274

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2225819631274

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921-7631

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2225819731274

Amount of Each Receipt this Period
 153.84

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

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

Mailing Address 12642 CHIEFS COURT

City FISHERS State IN Zip Code 46037-9553

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2231346931274

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256-8408

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2231347231274

Amount of Each Receipt this Period
 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.84

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

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

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

FOR LINE NUMBER: PAGE 57 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10823 MOORS END CIRCLE

City State Zip Code
 FISHERS IN 46038-2612

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2231352331274

Amount of Each Receipt this Period
160.00

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

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

Mailing Address 570 MONTCALM PL

City State Zip Code
 SAINT PAUL MN 55116-1730

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

Name of Employer Occupation
 United HealthCare Services Inc Chief Tech Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2247625831274

Amount of Each Receipt this Period
200.00

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

Full Name (Last, First, Middle Initial)
C. JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code
 WHITE PLAINS NY 10605-5424

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1154.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2247626831274

Amount of Each Receipt this Period
115.40

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **475.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KEVIN DAVID KANTOLA		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 7031 HALSTEAD DRIVE		Transaction ID : PR2247627031274
City MINNETRISTA	State MN	Zip Code 55364-3201
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 VP IT	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. DENNIS P O'BRIEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 61 LOUGHLIN AVE		Transaction ID : PR2247627331274
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.36
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwk Mgmt	P/R Deduction (\$182.68 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1403.96	

Full Name (Last, First, Middle Initial) C. JEFFERY RICHARD VERNEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2013
Mailing Address 266 WESTLEDGE ROAD		Transaction ID : PR2247627431274
City WEST SIMSBURY	State CT	Zip Code 06092-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00	

SUBTOTAL of Receipts This Page (optional).....▶	558.76
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City State Zip Code
 CLARENDON HILLS IL 60514-1067

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

Name of Employer Occupation
 United HealthCare Services Inc COO IBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.20

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2247627831274

Amount of Each Receipt this Period
 76.92

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

Full Name (Last, First, Middle Initial)
B. DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
 DULUTH GA 30097-6621

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

Name of Employer Occupation
 United HealthCare Services Inc Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 538.40

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2247628031274

Amount of Each Receipt this Period
 53.84

P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JEFFREY J CRUMBAUGH

Mailing Address 8850 COLEMAN BLVD #212

City State Zip Code
 FRISCO TX 75034-3213

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

Name of Employer Occupation
 United HealthCare Services Inc M R Sls Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2259635231274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1550

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2259738431274

Amount of Each Receipt this Period 194.00

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

B. CHRISTOPHER L CRONN
Full Name (Last, First, Middle Initial)

Mailing Address 1001 CONGRESS SUITE 300

City AUSTIN State TX Zip Code 78701-5002

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2270522931274

Amount of Each Receipt this Period 76.92

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

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

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55403-2906

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2174.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2364863231274

Amount of Each Receipt this Period 217.40

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

SUBTOTAL of Receipts This Page (optional).....▶ 488.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. CAROLE D CURRY		Date of Receipt
Mailing Address 411 FLEECE FLOWER DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
GAITHERSBURG	MD	20878-2646
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402315731274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Proj Mgr II	<input type="text" value="280.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. JEANNE M DE SA		Date of Receipt
Mailing Address 3000 TILDEN STREET NW #204-1		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20008-3017
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402315931274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Rsch	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. MJ FRASCINO		Date of Receipt
Mailing Address 7 PIONEER DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ELLINGTON	CT	06029-3221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402316531274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Mktg	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="156.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANGELA DAWN KEPLEY CARRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 PENINSULA DRIVE
 City JAMESTOWN State NC Zip Code 27282-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2402317731274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2402317931274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2402318231274
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7511 4TH AVENUE DRIVE NW

City BRADENTON State FL Zip Code 34209-7219

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2402318431274

Amount of Each Receipt this Period
40.00

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

B. STACY S MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 5625 CHOWEN AVE S

City EDINA State MN Zip Code 55410-2345

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2402318531274

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 3430 GALT OCEAN DRIVE
UNIT 1111

City FORT LAUDERDALE State FL Zip Code 33308-7047

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

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3653.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2402320031274

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional)..... **454.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LORI SWEERE LILIENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 S JOSH WYATT DR
 City State Zip Code
 SIOUX FALLS SD 57108-5225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2402320231274
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. SHELLEY WIKE CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City State Zip Code
 LAS VEGAS NV 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2402444431274
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. DANIEL J WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5271 HEATHERTON LANE
 City State Zip Code
 HIGHLANDS RANCH CO 80130-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2402444631274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	614.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAY M ANLIKER
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401-8543

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

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2402445031274

Amount of Each Receipt this Period 40.00

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

B. JAMES H BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA State MN Zip Code 55391-1559

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3077.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2402445131274

Amount of Each Receipt this Period 307.70

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

C. JAMES C COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

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

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2402445231274

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 547.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAMES D DONOVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 MONTREAUX DRIVE
 City FRISCO State TX Zip Code 75034-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2402445331274
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$65.00 Bi-Weekly)

B. JOHN L LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3860.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2402445631274
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. JOY O HIGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2402446231274
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RUSSELL C PETRELLA
Full Name (Last, First, Middle Initial)

Mailing Address 4 GRAMERCY PARK WEST
APT #2

City NEW YORK State NY Zip Code 10003-1717

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2402446431274

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-5234

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2405428831274

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631-2021

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
912.30

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2405430231274

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional).....▶	776.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 495 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2405431131274

Amount of Each Receipt this Period 194.00

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

B. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)

Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK State AZ Zip Code 85340-4424

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2408544831274

Amount of Each Receipt this Period 40.00

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

C. KATHLYN G WEE
Full Name (Last, First, Middle Initial)

Mailing Address 2225 46TH ST NW

City WASHINGTON State DC Zip Code 20007-1032

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

Name of Employer United HealthCare Services Inc Occupation SVP State Sis OptumI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2408545031274

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 274.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GAIL KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2437119531274
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. JEFFREY SEAN CORZINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7649 EARLINGTON PARKWAY
 City DUBLIN State OH Zip Code 43017-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2437119731274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. RITA FAYE JOHNSON-MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 SKY LANE
 City EDEN PRAIRIE State MN Zip Code 55347-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2437120131274
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6245 NORTH 75 STREET

City	State	Zip Code
SCOTTSDALE	AZ	85250-4621

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2437120531274

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City	State	Zip Code
BROOKLYN PARK	MN	55443-1754

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2437120731274

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 13540 BIRCHWOOD AVENUE

City	State	Zip Code
ROSEMOUNT	MN	55068-3561

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2437121331274

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	246.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2437121531274

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 1837 SUMMIT LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118-4137

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

Name of Employer Occupation
United HealthCare Services Inc Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2437121631274

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410-1857

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2437127531274

Amount of Each Receipt this Period
230.00

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

SUBTOTAL of Receipts This Page (optional).....	348.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBIN E LIPPERT		Date of Receipt
Mailing Address 522 4 STREET SOUTH EAST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20003-4212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2439928031274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Govt Rel	<input type="text" value="384.62"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.31 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3846.20"/>	

Full Name (Last, First, Middle Initial) B. STEPHEN M HEYMAN		Date of Receipt
Mailing Address 5300 SHERRILL AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHEVY CHASE	MD	20815-3720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2444265731274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Govt Rel	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. LORI C MCDUGAL		Date of Receipt
Mailing Address 19705 LAKEVIEW AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EXCELSIOR	MN	55331-9351
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2445015331274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Optum Exec	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3846.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="969.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DONALD S LANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2445015431274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. NANCY A LIND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 NORTHVIEW LANE
 City CEDAR FALLS State IA Zip Code 50613-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2445016231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LILLI ANN HIRSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 DEVIN LANE
 City SHAKOPEE State MN Zip Code 55379-7029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2445016731274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 96.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5781 RUBY DRIVE

City State Zip Code
TROY MI 48085-3922

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

Name of Employer Occupation
United HealthCare Services Inc VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
992.29

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2445016931274

Amount of Each Receipt this Period
290.29

P/R Deduction (\$251.29 Bi-Weekly)

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

Mailing Address 100 BOSTOCK ROAD

City State Zip Code
SHOKAN NY 12481-5400

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

Name of Employer Occupation
United HealthCare Services Inc Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
554.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2460167231274

Amount of Each Receipt this Period
55.40

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

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

Mailing Address 9958 BUTTOWNDOWN LANE

City State Zip Code
ZIONSVILLE IN 46077-8135

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2460167331274

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	385.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JUNE THIELEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2460167531274
Mailing Address 6245 WAKEFIELD COURT		Amount of Each Receipt this Period 27.60
City SHAKOPEE	State MN	Zip Code 55379-7091
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.80 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Full Name (Last, First, Middle Initial) B. KARIN KEITEL		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2460167631274
Mailing Address 3918 HAVEN ROAD		Amount of Each Receipt this Period 100.00
City MINNETONKA	State MN	Zip Code 55345-2371
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JELKA S PETROVIC		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2460168031274
Mailing Address 4454 PEPPER MILL LANE		Amount of Each Receipt this Period 40.00
City ORION	State MI	Zip Code 48359-2069
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	167.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LARRY C RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

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

Name of Employer United HealthCare Services Inc Occupation EVP UHG CEO Optum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2460168131274

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-2229

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
770.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2460168231274

Amount of Each Receipt this Period
77.00

P/R Deduction (\$288.33 Bi-Weekly)

C. ERIC J WEXLER
Full Name (Last, First, Middle Initial)

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324-3081

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2463723131274

Amount of Each Receipt this Period
64.00

P/R Deduction (\$32.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.60

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

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

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

FOR LINE NUMBER: PAGE 77 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KAREN L WALKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6359 COUNTRY ROAD
 City State Zip Code
 EDEN PRAIRIE MN 55346-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Process
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2463723431274
 Amount of Each Receipt this Period
 400.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. SUE SCHICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 714 GREYTHORNE ROAD
 City State Zip Code
 WYNNEWOOD PA 19096-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2480620531274
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

C. CHRISTOPHER MARK ABBOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address W154N6076 HICKORY HOLLOW CT
 City State Zip Code
 MENOMONEE FALLS WI 53051-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2484541531274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LILLIAN R HECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 DEER LAKE CIRCLE
 City BLUE BELL State PA Zip Code 19422-1371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2484542131274
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. MARK A PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 LUCY RIDGE CT
 City CHANHASSEN State MN Zip Code 55317-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2484542631274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JERI G KUBICKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 7659 COLDSTREAM DRIVE
 City CINCINNATI State OH Zip Code 45255-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2486697831274
 Amount of Each Receipt this Period 900.00
 P/R Deduction (\$450.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1038.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS B MANDERFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 PENN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2486697931274
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 WILDHURST ROAD
 City State Zip Code
 EXCELSIOR MN 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2491457031274
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. KATHRYN M SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 N LAKE SHORE DR # 2309
 City State Zip Code
 CHICAGO IL 60611-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2491457531274
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 474.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARTIN C TOOMB
Full Name (Last, First, Middle Initial)
Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801-1605
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2538641531274

Amount of Each Receipt this Period

300.00

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

B. KARA V SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA	State VA	Zip Code 22302-2533
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3326.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2540175331274

Amount of Each Receipt this Period

557.66

P/R Deduction (\$278.83 Bi-Weekly)

C. HYLLIUS R EDWARDS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201-4246
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2541300431274

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	687.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 7417 LYNNHURST STREET

City CHEVY CHASE State MD Zip Code 20815-3101

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.99**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2541300631274

Amount of Each Receipt this Period **266.66**

P/R Deduction (\$133.33 Bi-Weekly)

B. JOELLE M TIERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 1115 OAK WAY

City MADISON State WI Zip Code 53705-1420

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2541300731274

Amount of Each Receipt this Period **28.00**

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.20**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2541300831274

Amount of Each Receipt this Period **192.32**

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

SUBTOTAL of Receipts This Page (optional)..... **486.98**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN F DOHERTY		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2542024531274
Mailing Address 5338 SPILMAN AVENUE		Amount of Each Receipt this Period 100.00
City SACRAMENTO	State CA	Zip Code 95819-1734
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BRENDAN HOSTETLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2542541931274
Mailing Address 2309 W WINNEMAC AVE		Amount of Each Receipt this Period 60.00
City CHICAGO	State IL	Zip Code 60625-1817
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. RICHARD E RAMSAY		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2542542231274
Mailing Address 543 E LURAY AVE		Amount of Each Receipt this Period 100.00
City ALEXANDRIA	State VA	Zip Code 22301-1605
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2542542331274

Amount of Each Receipt this Period 60.00

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

B. ANNE YAU
Full Name (Last, First, Middle Initial)

Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING State MD Zip Code 20902-4047

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2543582531274

Amount of Each Receipt this Period 30.00

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

C. CHANTA G COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4769.20

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552313531274

Amount of Each Receipt this Period 76.92

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

SUBTOTAL of Receipts This Page (optional).....▶ 166.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. JEANNE M PACE
Full Name (Last, First, Middle Initial)
Mailing Address 458 MORENO ROAD

City WYNNEWOOD	State PA	Zip Code 19096-1124
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA Sr Acct Exe
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 / /
Transaction ID : PR2552313731274

Amount of Each Receipt this Period

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

B. KEVIN BROOKS
Full Name (Last, First, Middle Initial)
Mailing Address 2750 FOUNTAIN LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447-1705
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 / /
Transaction ID : PR2552961031274

Amount of Each Receipt this Period

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

C. MARK A BRUNELL
Full Name (Last, First, Middle Initial)
Mailing Address 20 VERMILION CLIFFS

City ALISO VIEJO	State CA	Zip Code 92656-8096
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 / /
Transaction ID : PR2552961231274

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 85 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11700 ARBORHILL DRIVE
 City ZIONSVILLE State IN Zip Code 46077-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552961331274
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. MICHAEL A EHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552962231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552962331274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 176.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WILLIAM W GWINN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9302 CENTURY OAK COURT
 City BRENWOOD State TN Zip Code 37027-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Rsch Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552962631274
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552962731274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. OREN J HERMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7705 WALDEN BLVD
 City WAUSAU State WI Zip Code 54401-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552962831274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.08
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. GREGORY J JAMES

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code
 LARGO FL 33774-1009

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2552963231274

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
B. JARRETT T JEDLICKA

Mailing Address 554 SPRUCE ST

City State Zip Code
 EAGAN MN 55123-4914

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2552963331274

Amount of Each Receipt this Period
 80.00

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

Full Name (Last, First, Middle Initial)
C. BRADLEY C JOHNSON

Mailing Address 6705 SOUTHCREST DRIVE

City State Zip Code
 EDINA MN 55435-1549

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Process

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2552963431274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NARASIMHAN KIDAMBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18477 85TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552963831274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552964431274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MICHELLE MARTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203-5502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552964731274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CARL A MATTSO
Full Name (Last, First, Middle Initial)
Mailing Address 539 ROUTE 9P
City SARATOGA SPRINGS State NY Zip Code 12866-7279
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552964831274
Amount of Each Receipt this Period 280.00
P/R Deduction (\$14.00 Bi-Weekly)

B. REBECCA BALLARD MCCABE
Full Name (Last, First, Middle Initial)
Mailing Address 111 CONNORS CIRCLE
City CARY State NC Zip Code 27511-6693
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552964931274
Amount of Each Receipt this Period 280.00
P/R Deduction (\$14.00 Bi-Weekly)

C. MICHAEL D MORRIS
Full Name (Last, First, Middle Initial)
Mailing Address 2624 N HARTLAND COURT
City CHICAGO State IL Zip Code 60614-4955
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2552965031274
Amount of Each Receipt this Period 230.80
P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. LESLIE K PAULUS

Mailing Address 305 E TUCKEY LN

City State Zip Code
PHOENIX AZ 85012-1048

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

Name of Employer Occupation
United HealthCare Services Inc Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2552965231274

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
B. GARY W PEKA

Mailing Address 1122 FALLS CURVE

City State Zip Code
CHASKA MN 55318-1275

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

Name of Employer Occupation
United HealthCare Services Inc Six Sigma Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2552965331274

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
C. DONALD W POTTER JR

Mailing Address 116 FULLER LANE

City State Zip Code
WINNETKA IL 60093-4213

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

Name of Employer Occupation
United HealthCare Services Inc NA VP Clnt Relationship

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2552965431274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KRISTINE G SAMSEL		Date of Receipt
Mailing Address 91 WAVERLY RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
HUNTINGTON	CT	06484-5835
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552965731274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Gen Mgmt	<input type="text" value="280.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS D SCIUTO		Date of Receipt
Mailing Address 160 ACORN LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MILFORD	CT	06461-1876
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552966131274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	KA Dir Acct Mgmt	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) C. BARRY R STREIT		Date of Receipt
Mailing Address 5421 KELLOGG AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55424-1604
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2552966731274
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	RVP Medicr Field SIs	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="184.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. ANN R TINKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10809 GARDEN MIST DRIVE #1061
 City LAS VEGAS State NV Zip Code 89135-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regl Affs Sr Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2552966831274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. THOMAS C VANDERHEYDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 WAYZATA BLVD E
 City WAYZATA State MN Zip Code 55391-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2552966931274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. AARON C WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2552967031274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14327 BLUEBIRD TRAIL NE

City PRIOR LAKE State MN Zip Code 55372-1204

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

Name of Employer United HealthCare Services Inc Occupation VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2553474731274

Amount of Each Receipt this Period 28.00

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

B. MONICA L RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061-1084

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

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2553475131274

Amount of Each Receipt this Period 78.00

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

C. ANDREW J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROSEWOOD DRIVE

City ATLANTA State GA Zip Code 30306-3554

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

Name of Employer United HealthCare Services Inc Occupation Bus Adv/Tech Cnslt Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2553475331274

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional).....	134.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55419-1151

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2553475431274

Amount of Each Receipt this Period
194.00

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

B. DENEEN VOJTA
Full Name (Last, First, Middle Initial)

Mailing Address 5201 KELLOGG AVENUE

City	State	Zip Code
EDINA	MN	55424-1304

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Initiv Clin Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2553475531274

Amount of Each Receipt this Period
386.00

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

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

Mailing Address 61234 ADMIRAL DRIVE

City	State	Zip Code
WASHINGTON TOWNSHIP	MI	48094-1242

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

Name of Employer	Occupation
United HealthCare Services Inc	VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2553475731274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	608.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. COLLEEN C COHAN
Full Name (Last, First, Middle Initial)

Mailing Address 17402 SAINT THERESA DRIVE

City	State	Zip Code
OLNEY	MD	20832-2547

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

Name of Employer	Occupation
United HealthCare Services Inc	Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2554012731274

Amount of Each Receipt this Period
28.00

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

B. DINO J COLALUCA
Full Name (Last, First, Middle Initial)

Mailing Address 23314 EVAN COURT NORTH

City	State	Zip Code
NEW BOSTON	MI	48164-8507

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

Name of Employer	Occupation
United HealthCare Services Inc	VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2554012831274

Amount of Each Receipt this Period
28.00

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

C. SHELLY A ESPINOSA
Full Name (Last, First, Middle Initial)

Mailing Address 4060 WHITE OAK LANE

City	State	Zip Code
EXCELSIOR	MN	55331-7753

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Found/Social Resp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2554012931274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2554013031274
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PATRICK J MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2554013131274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS W MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Sr SIs Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2554013231274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GREGORY D REIDY
Full Name (Last, First, Middle Initial)

Mailing Address 1016 BLAKEFIELD DRIVE

City BRENWOOD State TN Zip Code 37027-8479

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2554013331274

Amount of Each Receipt this Period
 28.00

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

B. ASIR U AHMAD
Full Name (Last, First, Middle Initial)

Mailing Address 1935 HILLWOOD DRIVE

City BLOOMFIELD HILLS State MI Zip Code 48304-2420

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560064031274

Amount of Each Receipt this Period
 28.00

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

C. JOY L ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 5116 NORTH TIOGA WAY

City LAS VEGAS State NV Zip Code 89149-5830

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

Name of Employer Health Plan of Nevada Occupation Assc Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560064131274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JIM L BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 PINE TIP ROAD
 City TALLAHASSEE State FL Zip Code 32312-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560064231274
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560064431274
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CRAIG W GAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 BAYSHORE BLVD UNIT 1407
 City TAMPA State FL Zip Code 33606-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560064731274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. PAULA A GAZELEY

Mailing Address 36 MAYFAIR ROAD

City State Zip Code
WYNANTSKILL NY 12198-8018

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

Name of Employer Occupation
United HealthCare Services Inc Strat Clnt Exec EmpireRx

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2560064831274

Amount of Each Receipt this Period
280.00

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

Full Name (Last, First, Middle Initial)
B. DONALD J GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City State Zip Code
LAS VEGAS NV 89135-1680

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

Name of Employer Occupation
Health Plan of Nevada Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3860.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2560064931274

Amount of Each Receipt this Period
386.00

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

Full Name (Last, First, Middle Initial)
C. JERI L JONES

Mailing Address 512 W ORANGEWOOD AVE

City State Zip Code
PHOENIX AZ 85021-7252

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

Name of Employer Occupation
United HealthCare Services Inc Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2560065131274

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	492.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560065431274

Amount of Each Receipt this Period
 194.00

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

B. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560065531274

Amount of Each Receipt this Period
 194.00

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

C. JEFFREY D LUCHT
Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073-3004

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560065631274

Amount of Each Receipt this Period
 194.00

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

SUBTOTAL of Receipts This Page (optional).....▶	582.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KEVIN MICHAEL MARONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5052 NORMAN DRIVE
 City State Zip Code
 MINNETONKA MN 55345-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560065731274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DAVID MILICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 BIRCHMERE COURT
 City State Zip Code
 KATY TX 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560066031274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM B O'BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 22191 WESTCLIFF
 City State Zip Code
 MISSION VIEJO CA 92692-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560066131274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 134.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3161 EMERALD VALLEY ROAD

City ELLICOTT CITY State MD Zip Code 21042-1013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560066231274

Amount of Each Receipt this Period
 28.00

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

B. DONALD G ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 5 LANTERN LANE

City MAYNARD State MA Zip Code 01754-2171

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

Name of Employer United HealthCare Services Inc Occupation KA Dir of AM producing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560066531274

Amount of Each Receipt this Period
 28.00

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

C. DENISE VAIL
Full Name (Last, First, Middle Initial)

Mailing Address 35 CLEVELAND AVENUE

City SAYVILLE State NY Zip Code 11782-1322

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2560066831274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DEBRA C COLLINS		Date of Receipt
Mailing Address 3862 CARRIAGE HILL DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FREDERICK	MD	21704-7313
FEC ID number of contributing federal political committee.		Transaction ID : PR2560398031274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
United HealthCare Services Inc	Dir Ntwk Prgms	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. KRISTA J DICKMAN		Date of Receipt
Mailing Address 2533 ONYX DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SHAKOPEE	MN	55379-2770
FEC ID number of contributing federal political committee.		Transaction ID : PR2560398131274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Sr Proj Mgr III	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. GEORGE N KOREAN		Date of Receipt
Mailing Address 6 VERANO		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FOOTHILL RANCH	CA	92610-1827
FEC ID number of contributing federal political committee.		Transaction ID : PR2560398531274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Dir Act Svs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TIMOTHY J NOEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4408 THOMAS AVE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55410-1968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560398831274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JAMES CRONIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20700 DELTA DRIVE
 City State Zip Code
 GAITHERSBURG MD 20882-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560821131274
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. PATRICK J O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 BARRINGTON DRIVE
 City State Zip Code
 BEDFORD NH 03110-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2560821431274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	182.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. MARIE A PERO

Mailing Address 516 APPLE LANE

City HARLEYSVILLE State PA Zip Code 19438-2549

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2560821531274

Amount of Each Receipt this Period
280.00

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

Full Name (Last, First, Middle Initial)
B. JOY M STEPHENS

Mailing Address 7320 YORK AVE N

City BROOKLYN PARK State MN Zip Code 55443-3544

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2560821631274

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
C. BRIAN W LUND

Mailing Address 464 EAST NORTH AVE

City GRANTSBURG State WI Zip Code 54840-7423

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

Name of Employer United HealthCare Services Inc Occupation Mgr Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2561457631274

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KEITH A VOLLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 NANDINA DR
 City WESTON State FL Zip Code 33327-2481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2563207731274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LARRY W CAVANAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 NE 20TH ST # 1010
 City WILTON MANORS State FL Zip Code 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Spc Ben Govt Dntl Sls Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2563211031274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. KATHLEEN R CRAMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 SOUTH OCEAN BLVD B5
 City PALM BEACH State FL Zip Code 33480-5368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2563211131274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 306.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JACQULYN M BARTON		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2563211231274
Mailing Address 1587 112 TH COURT WEST		Amount of Each Receipt this Period 280.00
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5412
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Human Capital Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. JENNIFER F WALSH		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2564296831274
Mailing Address 1101 ROBERTA COURT		Amount of Each Receipt this Period 194.00
City MCLEAN	State VA	Zip Code 22101-2114
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) C. ARTHUR R MILLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2564296931274
Mailing Address 5009 ASHINGTON LANDING DRIVE		Amount of Each Receipt this Period 333.34
City TAMPA	State FL	Zip Code 33647-3515
FEC ID number of contributing federal political committee. C		P/R Deduction (\$166.67 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.38	

SUBTOTAL of Receipts This Page (optional).....▶	555.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City State Zip Code
 MINNEAPOLIS MN 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2564297131274
 Amount of Each Receipt this Period
200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City State Zip Code
 KATY TX 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2564297331274
 Amount of Each Receipt this Period
78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 FLEECE FLOWER COVE
 City State Zip Code
 AUSTIN TX 78735-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2564297531274
 Amount of Each Receipt this Period
78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **356.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 109 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. STEVEN C WALLI

Mailing Address 18615 CHARLEVOIX LANE

City State Zip Code
 CHESTERFIELD MO 63005-6200

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2564297631274

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
B. ELLEN L DAMATO

Mailing Address 1300 DALHART DRIVE

City State Zip Code
 ALLEN TX 75013-5339

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2564802231274

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. JOSH A WILLSON

Mailing Address 201 ADAMS CT

City State Zip Code
 COLLEYVILLE TX 76034-6811

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

Name of Employer Occupation
 United HealthCare Services Inc SB VP SIs Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : PR2564802531274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CHRISTOPHER CHARLES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 OVERLOOK ROAD
 City DAYTON State MN Zip Code 55327-9678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2564802631274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller Mkt Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2564802731274
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2564802931274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	262.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ELIZABETH D MORAN
Full Name (Last, First, Middle Initial)
Mailing Address 2231 BENT TREE LANE
City MENDOTA HEIGHTS State MN Zip Code 55120-2003
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1843.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2564803131274
Amount of Each Receipt this Period **97.00**
P/R Deduction (\$97.00 Bi-Weekly)

B. KATHERINE L KENNY
Full Name (Last, First, Middle Initial)
Mailing Address 22408 FITZGERALD DRIVE
City LAYTONSVILLE State MD Zip Code 20882-2301
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **780.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2564803231274
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL O MARDEN
Full Name (Last, First, Middle Initial)
Mailing Address 718 HICKORY HILL RD
City FRANKLIN LAKES State NJ Zip Code 07417-1707
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **780.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : PR2564803331274
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	253.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DARREN C MOQUIST		Date of Receipt
Mailing Address 1200 NICOLLET MALL #507		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNEAPOLIS	MN	55403-2408
FEC ID number of contributing federal political committee.		Transaction ID : PR2564803431274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="280.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARK BELLMAN		Date of Receipt
Mailing Address 5601 VAN WINKLE LN		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
AUSTIN	TX	78739-1694
FEC ID number of contributing federal political committee.		Transaction ID : PR2564803531274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	SB VP Sls Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LISA R WRIGHT		Date of Receipt
Mailing Address 1512 PARK BLVD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHERRY HILL	NJ	08002-3715
FEC ID number of contributing federal political committee.		Transaction ID : PR2564803731274
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Sr Prod Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="84.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
BROOKEVILLE MD 20833-3265

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2564803931274

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4350

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

Name of Employer Occupation
United HealthCare Services Inc Chief Complnc/Ethics Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2564804031274

Amount of Each Receipt this Period
194.00

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

Full Name (Last, First, Middle Initial)
C. BARRY HOFER

Mailing Address 10464 SHELTER GROVE

City State Zip Code
EDEN PRAIRIE MN 55347-4855

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2564804131274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KATHRYN S RUBIN
Full Name (Last, First, Middle Initial)

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-5615

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

Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2564804331274

Amount of Each Receipt this Period
 194.00

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

B. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017-5029

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2564804531274

Amount of Each Receipt this Period
 80.00

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

C. DONNA M CRAIG
Full Name (Last, First, Middle Initial)

Mailing Address 10761 INDEPENDENCE WAY

City CARMEL State IN Zip Code 46032-9333

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2565448831274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	302.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. NORINE YUKON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5118 MANSFIELD VIEW COURT
 City State Zip Code
 AUSTIN TX 78732-1854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Plan Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2565449031274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. NEIL A MANSUKHANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City State Zip Code
 WESTON FL 33331-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB Dir PEO Sls
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2567129431274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DENISE V ZAMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 NOLAN CIRCLE
 City State Zip Code
 MANCHESTER CT 06042-1777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2567129531274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City MENOMONEE FALLS State WI Zip Code 53051-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2568900531274
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MATTHEW H STEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5131 MASSACHUSETTS AVENUE
 City BETHESDA State MD Zip Code 20816-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2571777931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CHRISTOPHER A PARRILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 WEXCROFT DRIVE
 City BRENTWOOD State TN Zip Code 37027-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2571778231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 206.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 117 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BRUCE E MOYER
 Mailing Address 18426 MAGENTA BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2571778331274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JAMES E BAKER
 Mailing Address 215 FORREST LAKE ROAD
 City State Zip Code
 ALPHARETTA GA 30022-1007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Sr Acct Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2572588731274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RICHARD A ELLIOTT
 Mailing Address 715 WOODSCAPE TRAIL
 City State Zip Code
 ALPHARETTA GA 30022-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2572588831274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARCUS A ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 595 JEFFERSON CHASE ST

City ATLANTA State GA Zip Code 30354-2879

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

Name of Employer United HealthCare Services Inc Occupation SB Mgr Sls Producing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2572588931274

Amount of Each Receipt this Period
 280.00

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

B. ANNEMARIE L HARTWIG
Full Name (Last, First, Middle Initial)

Mailing Address 9432 W 157TH PLACE

City OVERLAND PARK State KS Zip Code 66221-7819

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2572589231274

Amount of Each Receipt this Period
 15.00

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

C. SHAUN R JACQUET
Full Name (Last, First, Middle Initial)

Mailing Address 4332 FOREST RIDGE DRIVE

City SUAMICO State WI Zip Code 54313-8557

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2572589331274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address W5912 DEAN ROAD

City TOMAHAWK State WI Zip Code 54487-8314

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2572589431274

Amount of Each Receipt this Period
80.00

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

B. THOMAS E SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1502 EAST AVENUE NORTH

City ONALASKA State WI Zip Code 54650-7003

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2572589531274

Amount of Each Receipt this Period
28.00

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

C. JOSEPH A GRAY
Full Name (Last, First, Middle Initial)

Mailing Address 19480 ELBERT POINT

City EXCELSIOR State MN Zip Code 55331-6901

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
09 / 30 / 2013

Transaction ID : PR2572589831274

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... **136.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KEVIN JAMES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 WEST SUNNYSLOPE ROAD
 City EDINA State MN Zip Code 55424-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2572590031274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CHARLES WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2747 WEST VIEW DRIVE
 City NEW PRAGUE State MN Zip Code 56071-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2572590131274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CHRISTINE OBRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 764 TOPAZ STREET
 City NEW ORLEANS State LA Zip Code 70124-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA Dir Sls AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2572590631274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES R HARGIS
Full Name (Last, First, Middle Initial)

Mailing Address 1820 ROSEDALE

City EDMOND State OK Zip Code 73013-6638

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

Name of Employer United HealthCare Services Inc Occupation Mgr Pharm Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2572590731274

Amount of Each Receipt this Period **300.00**

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

B. THERESA M CLARKE
Full Name (Last, First, Middle Initial)

Mailing Address 16652 1/2 GRAND AVE

City BELLFLOWER State CA Zip Code 90706-5038

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2572591131274

Amount of Each Receipt this Period **78.00**

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

C. KIMBERLEY S MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 16 CELONOVA PLACE

City FOOTHILL RANCH State CA Zip Code 92610-1942

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : PR2572591231274

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. WEI SUN		Date of Receipt 09 / 30 / 2013 Transaction ID : PR2572591331274
Mailing Address 7049 FIRENZA PL		Amount of Each Receipt this Period 280.00
City DUBLIN	State OH	Zip Code 43016-6199
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. THOMAS P WIFFLER		Date of Receipt 09 / 30 / 2013 Transaction ID : PR2572992731274
Mailing Address 1421 SOMERFIELD DRIVE		Amount of Each Receipt this Period 194.00
City BOLINGBROOK	State IL	Zip Code 60490-3207
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Chief Field Ops Off
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL BENSON		Date of Receipt 09 / 30 / 2013 Transaction ID : PR2573518931274
Mailing Address 2206 EAGLE VALLEY LN		Amount of Each Receipt this Period 14.00
City WAUSAU	State WI	Zip Code 54403-8154
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Assc Dir Sls Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHAEL J MCGINNITY			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : PR2573519031274
Mailing Address 903 MCINDOE ST			Amount of Each Receipt this Period 78.00
City WAUSAU	State WI	Zip Code 54403-4976	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Dir Clnt Svc Acct Mgt	
Name of Employer United HealthCare Services Inc	Occupation Dir Clnt Svc Acct Mgt		P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. JOHN SICKELS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : PR2573519131274
Mailing Address 1706 TALL OAKS			Amount of Each Receipt this Period 39.00
City WAUSAU	State WI	Zip Code 54403-8118	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation TPA NA VP Sls AM	
Name of Employer United HealthCare Services Inc	Occupation TPA NA VP Sls AM		P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00		

Full Name (Last, First, Middle Initial) C. LESLIE C HARE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : PR2574979431274
Mailing Address 9029 SHEEP RANCH CT			Amount of Each Receipt this Period 28.00
City LAS VEGAS	State NV	Zip Code 89143-5432	P/R Deduction (\$14.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Dir Clms	
Name of Employer Health Plan of Nevada	Occupation Dir Clms		P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAMIE BURNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 EWING AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2574988231274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. LORI A VAN HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4117 BRYANT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55409-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Human Capital Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575030931274
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JEFFREY L MADDOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 MARY WIL CT
 City State Zip Code
 GREENSBORO NC 27455-2262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP SIs Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575039531274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. HOWARD C MARGOLIES
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE PAGE DRIVE
 City RED BANK State NJ Zip Code 07701-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575050331274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. CARY J MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 RUMFIELD RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575059431274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARK T ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575060231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TAMI VERCHICK
Full Name (Last, First, Middle Initial)

Mailing Address 9916 DUSTY WINDS AVE

City LAS VEGAS State NV Zip Code 89117-5986

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Mgr IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2575068931274

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

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

Mailing Address 3315 IRVING AVE

City MINNEAPOLIS State MN Zip Code 55408-3321

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2575099231274

Amount of Each Receipt this Period
32.00

P/R Deduction (\$16.00 Bi-Weekly)

C. PHEBE M CHAMPION
Full Name (Last, First, Middle Initial)

Mailing Address 5124 WEDMORE CT

City NORTH LAS VEGAS State NV Zip Code 89031-0364

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

Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : PR2575108331274

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	447.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SCOTT THOMAS LYDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 PLOWBOY PATH
 City COMMACK State NY Zip Code 11725-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575122231274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ZOE C HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4030 SERANGO COURT
 City WEST LINN State OR Zip Code 97068-2840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575136231274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. RON JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3109 OLD OAK DRIVE
 City ELLICOTT CITY State MD Zip Code 21042-1329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Prov Sols
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575163531274
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 175
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SCOTT G CASSANO		Date of Receipt
Mailing Address 7607 MAPLE MEADOW STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
LAS VEGAS	NV	89131-4665
FEC ID number of contributing federal political committee.		Transaction ID : PR2575164431274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
Health Plan of Nevada	Dir Prov Svc	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KRISTIN MOORE		Date of Receipt
Mailing Address 9465 DARTRIDGE DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DALLAS	TX	75238-1873
FEC ID number of contributing federal political committee.		Transaction ID : PR2575194431274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	KA Dir Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL PATRICK STAMM		Date of Receipt
Mailing Address 6721 MOSSY GLEN DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FORT MYERS	FL	33908-4771
FEC ID number of contributing federal political committee.		Transaction ID : PR2575194631274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
United HealthCare Services Inc	SVP Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="308.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HOWARD CHARLES GILPIN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 SHEPARD DRIVE
 City BLUE BELL State PA Zip Code 19422-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575224931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. SUSAN A KIRKPATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 STERLING STREET
 City LANCASTER State MA Zip Code 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575233631274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS G RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 GROOMSBRIDGE ROAD
 City JOHNS CREEK State GA Zip Code 30022-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Empl Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575238631274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. THOMAS C CHOATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 SOUTHPOND RD
 City GLASTONBURY State CT Zip Code 06033-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575247831274
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN W WILKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 POLARIS DRIVE
 City BAHAMA State NC Zip Code 27503-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575253131274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. TERRY R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11856 NW 12TH MANOR
 City CORAL SPRINGS State FL Zip Code 33071-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575279231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 131 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SAMANTHA ANN MARCARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 CAMP INDIANHEAD ROAD
 City State Zip Code
 LAND O LAKES FL 34639-5268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Qlty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575287831274
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. CLARE B GROCHOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 ALAPOCAS DRIVE
 City State Zip Code
 WILMINGTON DE 19803-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Comm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575300131274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DAVID W WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2158 CARROLL AVENUE
 City State Zip Code
 SAINT PAUL MN 55104-5042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575312731274
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 156.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575326931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL J TELESKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575350931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. GREGORIO CORTEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7201 RANCH RD 2222 APT 2322
 City AUSTIN State TX Zip Code 78730-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575394331274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 184.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LINDA LOUISE POST
Full Name (Last, First, Middle Initial)
Mailing Address 6520 JAYCOX ROAD

City	State	Zip Code
GALENA	OH	43021-9530

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

Name of Employer	Occupation
United HealthCare Services Inc	Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2575395231274

Amount of Each Receipt this Period

300.00

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

B. CAROL GOTHARD
Full Name (Last, First, Middle Initial)
Mailing Address 16492 BROOKLANE BOULEVARD

City	State	Zip Code
NORTHVILLE	MI	48168-8417

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2575419131274

Amount of Each Receipt this Period

222.22

P/R Deduction (\$111.11 Bi-Weekly)

C. JERI L LOSE
Full Name (Last, First, Middle Initial)
Mailing Address 9995 DELL ROAD

City	State	Zip Code
EDEN PRAIRIE	MN	55347-3524

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : PR2575419831274

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	452.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KARIN R O'HARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7138 MCCANN COURT
 City SAVAGE State MN Zip Code 55378-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Accting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575428731274
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

B. JEFFERSON B WALTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8308 CEDAR HILL ROAD
 City WAYNESVILLE State OH Zip Code 45068-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575445831274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LOUIS FLOCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7353 EAST SKYLINE DRIVE
 City ORANGE State CA Zip Code 92867-6451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575448631274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. CLINTON V WOLF		Date of Receipt
Mailing Address 2647 N SOUTHPORT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHICAGO	IL	60614-1227
FEC ID number of contributing federal political committee.		Transaction ID : PR2575490931274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
United HealthCare Services Inc	Dir Mktg Bus Dev	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. MICHELE RAMIREZ		Date of Receipt
Mailing Address 37 CALAIS ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
RANDOLPH	NJ	07869-3531
FEC ID number of contributing federal political committee.		Transaction ID : PR2575502431274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Human Capital Partner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. DEBORAH A SUNDAL		Date of Receipt
Mailing Address 5109 WEST 66TH ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55439-1429
FEC ID number of contributing federal political committee.		Transaction ID : PR2575502931274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Dir Proj Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 136 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. THOMAS MERCER
 Mailing Address 45 THORNBIRD WAY
 City State Zip Code
 NEWTOWN SQUARE PA 19073-2743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575520131274
 Amount of Each Receipt this Period
 500.00
 P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MOLLY E JOSEPH
 Mailing Address 2711 CRESCENT RIDGE ROAD
 City State Zip Code
 MINNETONKA MN 55305-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575521731274
 Amount of Each Receipt this Period
 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PAUL B HEBERT
 Mailing Address 54 GREENWOOD DRIVE
 City State Zip Code
 SOUTH WINDSOR CT 06074-2957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO Spclty Bens Dntl
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575522331274
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1134.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIC J KAPLAN
Full Name (Last, First, Middle Initial)

Mailing Address 193 PARTRIDGE LANDING

City GLASTONBURY State CT Zip Code 06033-2849

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

Name of Employer United HealthCare Services Inc Occupation NA VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575524031274

Amount of Each Receipt this Period
 28.00

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

B. WILLIAM GARRISON JETER
Full Name (Last, First, Middle Initial)

Mailing Address 9557 WOODRIDGE CIRCLE

City EDEN PRAIRIE State MN Zip Code 55347-2744

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575528131274

Amount of Each Receipt this Period
 28.00

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

C. AMY LYNN BALCK
Full Name (Last, First, Middle Initial)

Mailing Address W1936 CTY S

City FREEDOM State WI Zip Code 54130-7500

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

Name of Employer United HealthCare Services Inc Occupation KA Mgr Mkt Svc Acct Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575548431274

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JULIE T SCOTT		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2575578031274
Mailing Address 271 NW 42ND AVE		Amount of Each Receipt this Period 280.00
City COCONUT CREEK	State FL	Zip Code 33066-1823
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Pricing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. BEVERLY J COURNOYER		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2575582631274
Mailing Address 5333 PAINTED MIRAGE RD		Amount of Each Receipt this Period 28.00
City LAS VEGAS	State NV	Zip Code 89149-0309
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Assc Dir RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MICHAEL PETEROY		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : PR2575585631274
Mailing Address 1004 PHILLIPS STREET		Amount of Each Receipt this Period 78.00
City VISTA	State CA	Zip Code 92083-7171
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DEBORAH A JORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 OLD BAY RD
 City BELCHERTOWN State MA Zip Code 01007-9348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575593631274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JAN LOUISE HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 KANAPUU PLACE
 City KAILUA State HI Zip Code 96734-4186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575636831274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. TERRENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575636931274
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. NEIL P COLLINS
Full Name (Last, First, Middle Initial)
Mailing Address 8465 MISSION HILLS LANE
City CHANHASSEN State MN Zip Code 55317-7712
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575637631274
Amount of Each Receipt this Period 280.00
P/R Deduction (\$14.00 Bi-Weekly)

B. NANCY J SUBLETTE
Full Name (Last, First, Middle Initial)
Mailing Address 445 CLARA #24
City SAINT LOUIS State MO Zip Code 63112-4507
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575646931274
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. RONALD MICHAEL GONG
Full Name (Last, First, Middle Initial)
Mailing Address 2240 SOUTH MOON VIEW DRIVE
City HACIENDA HEIGHTS State CA Zip Code 91745-5739
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation M R Sls Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575651531274
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 206.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. JENNY A HAYHURST
 Mailing Address 23A MOUNT HYGEIA ROAD
 City State Zip Code
 FOSTER RI 02825-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ntwk Contrctng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575651831274
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CARL E ALLEN
 Mailing Address 8675 AZURE SKY DRIVE
 City State Zip Code
 LAS VEGAS NV 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southwest Medical Assoc. Inc. Phys Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575669331274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BRADY PRIEST
 Mailing Address 212 N 1ST ST
 APT 511
 City State Zip Code
 MINNEAPOLIS MN 55401-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575677231274
 Amount of Each Receipt this Period
 625.00
 P/R Deduction (\$312.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 731.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHRISTOPHER J STIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575683831274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. STEPHEN J FARRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 MAJOR DOANE RD
 City WELLFLEET State MA Zip Code 02667-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575696231274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$120.00 Bi-Weekly)

C. STEVEN CHARLES FELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6837 29TH AVE NE
 City SEATTLE State WA Zip Code 98115-7236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Clinical Services INC Occupation Nurse Pract
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575701131274
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 96.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. D ELLEN WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 400 STUART STREET
25D

City BOSTON State MA Zip Code 02116-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP Human Capital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2575708831274

Amount of Each Receipt this Period
500.00

P/R Deduction (\$250.00 Bi-Weekly)

B. MARK J BERNAUER
Full Name (Last, First, Middle Initial)

Mailing Address 5512 LOWELL AVE

City INDIANAPOLIS State IN Zip Code 46219-5810

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Hlth Economics Rscher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2575718131274

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. MARY L KNORR
Full Name (Last, First, Middle Initial)

Mailing Address 1144 PROSPECT AVENUE

City HARTFORD State CT Zip Code 06105-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Ntwks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2013
Transaction ID : PR2575735431274

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 728.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 144 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. TRAVIS WINKEY
Full Name (Last, First, Middle Initial)

Mailing Address 2103 SUGARWOOD DRIVE

City State Zip Code
LONG LAKE MN 55356-9388

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Acq Integrations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR2575735831274

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

B. CHRISTINE THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 16710 EDGEWOOD AVENUE

City State Zip Code
WAYZATA MN 55391-2904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Assc Dir Mrkting Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR2575740831274

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

C. CARLOS E ADAME
Full Name (Last, First, Middle Initial)

Mailing Address 42584 WHISTLE COURT

City State Zip Code
TEMECULA CA 92592-7105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Human Capital Partner Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : PR2575755431274

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2943.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. HERBERT R DOMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 IONE COURT
 City COLUMBUS State OH Zip Code 43235-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: United HealthCare Services Inc Occupation: Dir IT DT Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2575756031274
 Amount of Each Receipt this Period: 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOSEPH MILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 N US 31 UNIT 1
 City ALANSON State MI Zip Code 49706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: United HealthCare Services Inc Occupation: Mktg Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2575770931274
 Amount of Each Receipt this Period: 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MATTHEW D MONTOYA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12370 BRADFORD DR
 City PARKER State CO Zip Code 80134-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: United HealthCare Services Inc Occupation: KA Mgr Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : PR2575777631274
 Amount of Each Receipt this Period: 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PRADEEP KANDI
Full Name (Last, First, Middle Initial)
Mailing Address 968 CONDOR DR
City COPPELL State TX Zip Code 75019-5985
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mgr IT Architecture
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575797431274
Amount of Each Receipt this Period 280.00
P/R Deduction (\$14.00 Bi-Weekly)

B. DARREL A FARKUS
Full Name (Last, First, Middle Initial)
Mailing Address 15 WHITE OAK DRIVE
City ASBURY State NJ Zip Code 08802-1155
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575797531274
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

C. LAURIE ERIN RUSSELL
Full Name (Last, First, Middle Initial)
Mailing Address 3108 SONIA DRIVE
City LAS VEGAS State NV Zip Code 89107-3246
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575812131274
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WILLIAM J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26104 WEST 108 TERRACE
 City State Zip Code
 OLATHE KS 66061-7522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575819831274
 Amount of Each Receipt this Period
 576.50
 P/R Deduction (\$288.25 Bi-Weekly)

B. WENDY M SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1512 BLUEBONNET LN
 City State Zip Code
 AUSTIN TX 78704-2854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg Bus Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575826731274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. EDWARD JOHN SKOPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 JOEL DR
 City State Zip Code
 HEBRON CT 06248-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Info Tech
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575842731274
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 682.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City State Zip Code
 MAPLE GROVE MN 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Accting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575865331274
 Amount of Each Receipt this Period
 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

B. GLENN LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 NORTH TUMBLEWEED TRAIL
 City State Zip Code
 AUSTIN TX 78733-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Behvrl Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575882831274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. PAMELA LIPPITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 944 RILEY WILLS ROAD
 City State Zip Code
 LEBANON OH 45036-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575884431274
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.78
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. PATRICK J LANGAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 405 MEADOW LANE		Transaction ID : PR2575885031274
City BENSON	State MN	Zip Code 56215-1033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.00
Name of Employer United HealthCare Services Inc	Occupation VP IT	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) B. MICHAEL W MEDEIROS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 7112 LANGMUIR DRIVE		Transaction ID : PR2575930631274
City MCKINNEY	State TX	Zip Code 75071-4606
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 VP Clnt Mgmt NA Accts	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. SUSAN A WEEDMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013
Mailing Address 5056 PENN AVENUE SOUTH		Transaction ID : PR2575940231274
City MINNEAPOLIS	State MN	Zip Code 55419-1035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Dir Human Capital Dev	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARC T SALINAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 ROCK RIDGE DRIVE
 City PROSPER State TX Zip Code 75078-9728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575967931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568-5659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575968931274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARK A DICELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5360 ANACALA CT
 City WESTERVILLE State OH Zip Code 43082-8352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2575977931274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 184.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MARK LEENAY

Mailing Address 17882 BEARPATH TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347-3448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc NA Med Dir/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575982831274

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHAEL L CESTA

Mailing Address 3429 CRESTMOOR ALCOVE

City State Zip Code
WOODBURY MN 55125-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575986431274

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CAROL ANN CHURCHILL

Mailing Address 230 BATTALION WAY

City State Zip Code
MOUNT JULIET TN 37122-6135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2575988331274

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. PAMELA J GOLD

Mailing Address 8370 DYNASTY WAY

City State Zip Code
SALT LAKE CITY UT 84121-6089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SB KA VP SIs Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2575988631274

Amount of Each Receipt this Period
280.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARC R BRIGGS

Mailing Address 1608 RED TREE CT

City State Zip Code
DRAPER UT 84020-7704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2576001631274

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN EDWARD SCOTT

Mailing Address 4574 VIA DON LUIS

City State Zip Code
NEWBURY PARK CA 91320-6905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : PR2576018631274

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KIMBERLY K SONERHOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 7210 HEGGIE AVE
 City LAS VEGAS State NV Zip Code 89131-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR257603231274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JAY WARMUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16215 GRABEN COURT
 City EDEN PRAIRIE State MN Zip Code 55346-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576040031274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. LAURA L STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4644 VENETO DRIVE
 City FRISCO State TX Zip Code 75033-7135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contractng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576045131274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL R GROENENDAAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 N EUCLID
 City OAK PARK State IL Zip Code 60302-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Exe Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576046231274
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. RESTOR JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576051631274
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JOHN F REX
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3860.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576060031274
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 608.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 175
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANN M OHARA-FRYKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10301 CEDAR LAKE RD #117
 City MINNETONKA State MN Zip Code 55305-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576067531274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ROBERT E COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 BITTERNUT ROAD
 City MOUNT WOLF State PA Zip Code 17347-9694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576095931274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. NATHAN R KIEWEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Entrprs Res Plng Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576117531274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 156 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CHRIS KENT		Date of Receipt
Mailing Address 13273 CARLINGFORD LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ROSEMOUNT	MN	55068-6308
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.33"/>	
		Transaction ID : PR2576119031274
		Amount of Each Receipt this Period
		<input type="text" value="222.22"/>
		P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CHANDRA LUE TORGERSON		Date of Receipt
Mailing Address 5433 10TH AVENUE SOUTH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNEAPOLIS	MN	55417-2413
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP Med Clin Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	
		Transaction ID : PR2576128631274
		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
		P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. STEVEN H NELSON		Date of Receipt
Mailing Address 2542 CROSBY ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYZATA	MN	55391-2318
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Bus Segment CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="833.31"/>	
		Transaction ID : PR2576144831274
		Amount of Each Receipt this Period
		<input type="text" value="555.54"/>
		P/R Deduction (\$277.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="855.56"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 175
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN E FRIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2576147531274
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DANIEL J KENIRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3274.27

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2577379331274
 Amount of Each Receipt this Period 575.22
 P/R Deduction (\$287.61 Bi-Weekly)

C. PHIL KRAUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 LAKEWOOD
 City BLOOMFIELD HILLS State MI Zip Code 48304-3533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2013
Transaction ID : PR2578742131274
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 681.22
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. LAURA CIAVOLA		Date of Receipt
Mailing Address 1686 WILDFIRE LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
FRISCO	TX	75033-7325
FEC ID number of contributing federal political committee.		Transaction ID : PR2578824331274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1111.10"/>
Name of Employer	Occupation	P/R Deduction (\$555.55 Bi-Weekly)
United HealthCare Services Inc	SVP Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1666.65"/>	

Full Name (Last, First, Middle Initial) B. SHERRI LEE GIORGIO		Date of Receipt
Mailing Address 311 WHITWORTH WAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
NASHVILLE	TN	37205-5017
FEC ID number of contributing federal political committee.		Transaction ID : PR2600648931274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="222.22"/>
Name of Employer	Occupation	P/R Deduction (\$111.11 Bi-Weekly)
United HealthCare Services Inc	Dir Govt Rel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.33"/>	

Full Name (Last, First, Middle Initial) C. MARIANNE D SHORT		Date of Receipt
Mailing Address 2215 SUMMIT AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAINT PAUL	MN	55105-1002
FEC ID number of contributing federal political committee.		Transaction ID : PR2601133531274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="769.22"/>
Name of Employer	Occupation	P/R Deduction (\$384.61 Bi-Weekly)
United HealthCare Services Inc	EVP Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2692.27"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2102.54"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL A CHRIST
Full Name (Last, First, Middle Initial)

Mailing Address 23 BRIARWOOD ROAD

City WEST HARTFORD State CT Zip Code 06107-2902

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2601156931274

Amount of Each Receipt this Period
222.22

P/R Deduction (\$111.11 Bi-Weekly)

B. STANLEY G DENNIS
Full Name (Last, First, Middle Initial)

Mailing Address 1490 BENT CREEK DRIVE

City SOUTHLAKE State TX Zip Code 76092-9499

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.57**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2601169731274

Amount of Each Receipt this Period
428.57

P/R Deduction (\$428.57 Bi-Weekly)

C. SUSAN BUSCH NEHRING
Full Name (Last, First, Middle Initial)

Mailing Address 2680 COUNTY ROAD NINETY

City MAPLE PLAIN State MN Zip Code 55359

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2605698331274

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	900.79
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 175
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. TRACY MALONE

Mailing Address 900 S 22ND ST

City ARLINGTON State VA Zip Code 22202-2625

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc Occupation: Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt: **09 / 30 / 2013**

Transaction ID : **PR2605736931274**

Amount of Each Receipt this Period: **153.84**

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LISA MARIE WERNER

Mailing Address 1941 HAVENSWOOD PLACE

City BLACKLICK State OH Zip Code 43004-8510

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc Occupation: Behvrl Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **09 / 30 / 2013**

Transaction ID : **PR2606842831274**

Amount of Each Receipt this Period: **625.00**

P/R Deduction (\$312.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL E WEISSEL

Mailing Address 99 HAGEN ROAD

City NEWTON State MA Zip Code 02459-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc Occupation: Optum Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **09 / 30 / 2013**

Transaction ID : **PR2606842931274**

Amount of Each Receipt this Period: **600.00**

P/R Deduction (\$300.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1378.84**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 175
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN MATTHEW MATECZUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 SAINT GEORGE BARBER ROAD
 City State Zip Code
 DAVIDSONVILLE MD 21035-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 357.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : PR2606845131274
 Amount of Each Receipt this Period
 357.14
 P/R Deduction (\$357.14 Bi-Weekly)

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	357.14
TOTAL This Period (last page this line number only).....▶	60253.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pat Roberts For US Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2013

Transaction ID : 36414801

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. DAWG PAC - Democrats Against Waste in Government

Mailing Address P.O. Box 83142

City State Zip Code
Gaithersburg MD 20883

Purpose of Disbursement
Contribution

011

Candidate Name

DAWG PAC - Democrats Against Waste in Government

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2013

Transaction ID : 36448008

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 220 1/2 E St. NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Bluegrass Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2013

Transaction ID : 36470660

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36470672

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Ron Barber For Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ronald Barber

Office Sought: House
 Senate
 President
State: AZ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36470673

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For US Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Timothy J. Walz

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36470676

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address PO Box 261172

City State Zip Code
Hartford CT 06126-1172

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

/ /

Transaction ID : 36470678

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. First State PAC

Mailing Address PO Box 3006

City State Zip Code
Wilmington DE 19804

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

First State PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36470684

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Susan Davis for Congress

Mailing Address PO Box 84049

City State Zip Code
San Diego CA 92138-4049

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Susan A. Davis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

/ /

Transaction ID : 36470689

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LOBO PAC

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Contribution

Candidate Name
LOBO PAC

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470693

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gwendolynne Moore

Office Sought: House Senate President

State: WI District: 04

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470697

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Castro For Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joaquin Castro

Office Sought: House Senate President

State: TX District: 20

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470706

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Connecticut Democratic State Central Committee

Mailing Address 330 Main Street, 3rd Floor

City Hartford State CT Zip Code 06106

Purpose of Disbursement Contribution

011

Candidate Name

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 36481806

Amount of Each Disbursement this Period

750.00

Contribution

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Scott Peters

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36493097

Amount of Each Disbursement this Period

1000.00

Contribution

Office Sought: House Senate President
State: CA District: 52

Disbursement For: 2014 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Horsford for Congress

Mailing Address 6100 Elton Ave., Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Steven Horsford

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36493099

Amount of Each Disbursement this Period

1000.00

Contribution

Office Sought: House Senate President
State: NV District: 04

Disbursement For: 2014 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

2750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Tom Reed for Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas W. Reed II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : 36493101

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ribble for Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912-7069

Purpose of Disbursement
Contribution

Candidate Name

Rep. Reid Ribble

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : 36493102

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Denham

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : 36493103

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

35250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Richardville Leadership Fund

Mailing Address 106 W. Allegan, Suite 200

City State Zip Code
Lansing MI 48933

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36414802

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Gail Haines Leadership Fund

Mailing Address 2384 Lake Angelus Lane

City State Zip Code
Lake Angelus MI 48326

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36414803

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City State Zip Code
Lake Orion MI 48360

Purpose of Disbursement
Jim Marleau, STATE SENATE 12th MI

Candidate Name

MI Sen. Jim Marleau

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 36414804

Amount of Each Disbursement this Period

Jim Marleau, STATE SENATE 12th MI

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Mike Callton for State Rep

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Mike Callton, STATE HOUSE 87th MI

011

Candidate Name

MI Rep. Mike Callton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 87

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414805

Amount of Each Disbursement this Period

500.00

Mike Callton, STATE HOUSE 87th MI

Full Name (Last, First, Middle Initial)

B. McManus Re-election Campaign

Mailing Address 9406 Riveredge Drive

City Cordova State TN Zip Code 38018

Purpose of Disbursement
Steve McManus, STATE HOUSE 96th TN

011

Candidate Name

TN Rep. Steve McManus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 96

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414808

Amount of Each Disbursement this Period

750.00

Steve McManus, STATE HOUSE 96th TN

Full Name (Last, First, Middle Initial)

C. Friends of Dolores Gresham

Mailing Address P.O. Box 877

City Somerville State TN Zip Code 38068

Purpose of Disbursement
Dolores Gresham, STATE SENATE 26th TN

011

Candidate Name

TN Sen. Dolores Gresham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414809

Amount of Each Disbursement this Period

750.00

Dolores Gresham, STATE SENATE 26th TN

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Ken Yager

Mailing Address P.O. Box 684
900 Waterford Place

City Kingston State TN Zip Code 37763

Purpose of Disbursement
Ken Yager, STATE SENATE 12th TN

Candidate Name
TN Sen. Ken Yager

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414810
Amount of Each Disbursement this Period
750.00

Ken Yager, STATE SENATE 12th TN

Full Name (Last, First, Middle Initial)

B. Steve Dickerson for State Senate

Mailing Address PO Box 120931

City Nashville State TN Zip Code 37212

Purpose of Disbursement
Steven Dickerson, STATE SENATE 20th TN

Candidate Name
TN Sen. Steven Dickerson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414812
Amount of Each Disbursement this Period
500.00

Steven Dickerson, STATE SENATE 20th TN

Full Name (Last, First, Middle Initial)

C. Joe Pitts for State Representative

Mailing Address 544 Hay Market Road

City Clarksville State TN Zip Code 37043

Purpose of Disbursement
Joe Pitts, STATE HOUSE 67th TN

Candidate Name
TN Rep. Joe Pitts

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 67

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414813
Amount of Each Disbursement this Period
750.00

Joe Pitts, STATE HOUSE 67th TN

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Re-elect Steve McDaniel

Mailing Address 97 Battleground Drive

City Parkers Crossroads State TN Zip Code 38388

Purpose of Disbursement Steve McDaniel, STATE HOUSE 72nd TN

Candidate Name

TN Rep. Steve McDaniel

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 72

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : 36414814

Amount of Each Disbursement this Period

500.00

Steve McDaniel, STATE HOUSE 72nd TN

Full Name (Last, First, Middle Initial)

B. Abercrombie for Governor

Mailing Address 1050 Ala Moana Boulevard, Suite 21

City Honolulu State HI Zip Code 96814

Purpose of Disbursement Neil Abercrombie, GOVERNOR HI

Candidate Name

HI Gov. Neil Abercrombie

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 36448009

Amount of Each Disbursement this Period

2000.00

Neil Abercrombie, GOVERNOR HI

Full Name (Last, First, Middle Initial)

C. Friends of Craig Fitzhugh

Mailing Address 135 S. Alpine Street

City Ripley State TN Zip Code 38063

Purpose of Disbursement Craig Fitzhugh, STATE HOUSE 82nd TN

Candidate Name

Representa Craig Fitzhugh

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 82

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 36448016

Amount of Each Disbursement this Period

500.00

Craig Fitzhugh, STATE HOUSE 82nd TN

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of David Shepard

Mailing Address 204 McCreary Heights

City Dickson State TN Zip Code 37055

Purpose of Disbursement
David Shepard, STATE HOUSE 69th TN

Candidate Name
Representa David Shepard

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 69

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 36448017

Amount of Each Disbursement this Period

750.00

David Shepard, STATE HOUSE 69th TN

Full Name (Last, First, Middle Initial)

B. Friends of Bill Ketron

Mailing Address 805 S. Church Street Suite 12

City Murfreesboro State TN Zip Code 37130

Purpose of Disbursement
Bill Ketron, STATE SENATE 13th TN

Candidate Name
TN Sen. Bill Ketron

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 36448018

Amount of Each Disbursement this Period

1000.00

Bill Ketron, STATE SENATE 13th TN

Full Name (Last, First, Middle Initial)

C. Friends of Barrett Rich

Mailing Address P.O. Box 505

City Somerville State TN Zip Code 38068

Purpose of Disbursement
Barrett Rich, STATE HOUSE 94th TN

Candidate Name
TN Rep. Barrett Rich

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 94

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 36448019

Amount of Each Disbursement this Period

500.00

Barrett Rich, STATE HOUSE 94th TN

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Roger Kane

Mailing Address 7031 Cherry Grove Rd.

City Knoxville State TN Zip Code 37931

Purpose of Disbursement
Roger Kane, STATE HOUSE 89th TN

Category/
Type

Candidate Name

TN Rep. Roger Kane

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 89

Date of Disbursement

/ /

Transaction ID : 36448020

Amount of Each Disbursement this Period

Roger Kane, STATE HOUSE 89th TN

Full Name (Last, First, Middle Initial)

B. Friends of Susan Lynn

Mailing Address 2204 Aventura Dr.

City Mount Juliet State TN Zip Code 37122

Purpose of Disbursement
Susan Lynn, STATE HOUSE 57th TN

Category/
Type

Candidate Name

TN Rep. Susan Lynn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 57

Date of Disbursement

/ /

Transaction ID : 36448021

Amount of Each Disbursement this Period

Susan Lynn, STATE HOUSE 57th TN

Full Name (Last, First, Middle Initial)

C. Friends of Jeremy Durham

Mailing Address 802 Founders Pointe Blvd

City Franklin State TN Zip Code 37064

Purpose of Disbursement
Jeremy Durham, STATE HOUSE 65th TN

Category/
Type

Candidate Name

TN Rep. Jeremy Durham

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 65

Date of Disbursement

/ /

Transaction ID : 36448022

Amount of Each Disbursement this Period

Jeremy Durham, STATE HOUSE 65th TN

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Johnson for Tennessee

Mailing Address 330 Franklin Road, Suite 135A-178

City State Zip Code
Brentwood TN 37027

Purpose of Disbursement
Jack Johnson, STATE SENATE 23rd TN

011

Candidate Name
TN Sen. Jack Johnson

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470717

Amount of Each Disbursement this Period

1000.00

Jack Johnson, STATE SENATE 23rd TN

Full Name (Last, First, Middle Initial)

B. Committee to Elect Charles Sargent

Mailing Address PO Box 1515

City State Zip Code
Franklin TN 37065

Purpose of Disbursement
Charles Sargent, STATE HOUSE 61st TN

011

Candidate Name
TN Rep. Charles M. Sargent Jr.

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 61

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470721

Amount of Each Disbursement this Period

750.00

Charles Sargent, STATE HOUSE 61st TN

Full Name (Last, First, Middle Initial)

C. Pileggi Victory Committee

Mailing Address PO Box 2029

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470728

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens for Hughes

Mailing Address 7478 Rhoads St., Suite A

City Philadelphia State PA Zip Code 19151

Purpose of Disbursement
Vincent Hughes, STATE SENATE 7th PA

Candidate Name

PA Sen. Vincent Hughes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

/ /

Transaction ID : 36470850

Amount of Each Disbursement this Period

Vincent Hughes, STATE SENATE 7th PA

Full Name (Last, First, Middle Initial)

B. Mike Turzai Leadership Fund

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090-0721

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36481807

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶