

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UnitedHealth Group Incorporated PAC (United for Health)

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

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

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

5. Covering Period 01 / 01 / 2014 through 01 / 31 / 2014

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

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Susan Sherwood [Electronically Filed] Date 02 / 20 / 2014

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**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="2014"/>		<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360509.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="89229.79"/>	<input type="text" value="89229.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="449739.09"/>	<input type="text" value="449739.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1174.04"/>	<input type="text" value="1174.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="448565.05"/>	<input type="text" value="448565.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / 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).....	57100.31	57100.31
(ii) Unitemized	32129.48	32129.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	89229.79	89229.79
(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)	89229.79	89229.79
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))..... ▶	89229.79	89229.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	89229.79	89229.79

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
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	14.04	14.04
(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)).....	14.04	14.04
29. Other Disbursements	-340.00	-340.00
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)) ..	1174.04	1174.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1174.04	1174.04

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)	89229.79	89229.79
34. Total Contribution Refunds (from Line 28(d))	14.04	14.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89215.75	89215.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. LYNN MYHRAN
 Mailing Address 2280 FOX STREET
 City State Zip Code
 ORONO MN 55356-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc SVP Human Capital
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 10 / 2014
Transaction ID : 36888990
 Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. CHANTA COMBS
 Mailing Address 4229 SUMMERTREE DRIVE
 City State Zip Code
 TALLAHASSEE FL 32311-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Govt Rel Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : 36888992
 Amount of Each Receipt this Period
 4000.00

Full Name (Last, First, Middle Initial)
C. KEITH HAWKINS
 Mailing Address 9444 KINGSLEY COURT
 City State Zip Code
 LAS VEGAS NV 89149-0184
 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 ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 36896745
 Amount of Each Receipt this Period
 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$14.04 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
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 52
	<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. DAVID 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 ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1159814732631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. PATRICK 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 Optum Services, Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1159815932631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. WILLIAM 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 ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1159816632631
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1453.80
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 120 BLACK OAKS LANE

City State Zip Code
 WAYZATA MN 55391-1363

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

Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Group

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR1159816932631

Amount of Each Receipt this Period
 576.90

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

Full Name (Last, First, Middle Initial)
B. TIMOTHY RYAN

Mailing Address 4913 BRUCE AVE

City State Zip Code
 EDINA MN 55424-1113

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

Name of Employer Occupation
 Optum Services, Inc Bus Segment Gen Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR1159817932631

Amount of Each Receipt this Period
 291.00

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

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

Mailing Address PO BOX 72

City State Zip Code
 WAYZATA MN 55391-0072

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

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

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
 01 / 31 / 2014

Transaction ID : PR1159827432631

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1167.90

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 9 OF 52
	(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. JEANNINE RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR1159830032631
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. Mr. ANTHONY WELTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 SAIGON ROAD
 City State Zip Code
 MCLEAN VA 22102-2116
 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 ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR1332013232631
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. MICHAEL MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City State Zip Code
 SOUTH GLASTONBURY CT 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Chief Growth Off
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR1551133432631
 Amount of Each Receipt this Period
 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1499.94
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 52
(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 VALERIUS

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 ▼
 230.76

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1551161332631

Amount of Each Receipt this Period
 230.76

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

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

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
 PRIOR LAKE MN 55372-1834

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

Name of Employer Occupation
 Optum Services, Inc Optum Exec

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1575957632631

Amount of Each Receipt this Period
 576.90

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

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

Mailing Address 3062 COMFORT ROAD

City State Zip Code
 NEW HOPE PA 18938-5622

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

Name of Employer Occupation
 United HealthCare Services Inc VP Ntwk Prgms

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.76

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1575958132631

Amount of Each Receipt this Period
 230.76

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1038.42

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

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

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

FOR LINE NUMBER: PAGE 11 OF 52
(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. LEE 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 Optum Services, Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1575958532631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. THOMAS 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 ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1580864732631
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. ROBERT 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 ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1580865332631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1453.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 52
	(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. RICHARD 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1596304132631

Amount of Each Receipt this Period
300.00

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

B. THAD 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1596304332631

Amount of Each Receipt this Period
300.00

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

C. DANIEL SCHUMACHER
Full Name (Last, First, Middle Initial)
Mailing Address 11582 RASPBERRY HILL ROAD

City EDEN PRAIRIE	State MN	Zip Code 55344-3268
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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 ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1596305432631

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional).....▶	1176.90
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 13 OF 52
(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. ROBERT OBERRENDER

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 ▼
 330.00

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1596307032631

Amount of Each Receipt this Period
 330.00

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

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

Mailing Address 109 SLEEPY HOLLOW LANE

City State Zip Code
 ORINDA CA 94563-1340

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 ▼
 288.45

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1596317332631

Amount of Each Receipt this Period
 288.45

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
 SILVER SPRING MD 20905-5028

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR1596317432631

Amount of Each Receipt this Period
 288.45

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 906.90

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 14 OF 52
	<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 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 Optum Services, Inc Occupation VP GM PCM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1600598532631

Amount of Each Receipt this Period 300.00

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

B. LEWIS 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 ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1600598732631

Amount of Each Receipt this Period 300.00

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

C. MATTHEW 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 ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1602669932631

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 15 OF 52
(check only one)

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

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

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

Mailing Address 18076 CLEAR SPRING LANE

City EDEN PRAIRIE	State MN	Zip Code 55347-1078
----------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP Gen Mgmt
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1613243532631

Amount of Each Receipt this Period
288.45

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA	State MN	Zip Code 55435-4150
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1653443232631

Amount of Each Receipt this Period
576.90

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

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

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 Optum Services, Inc	Occupation Bus Segment CIO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR1653445232631

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional).....▶	1442.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 52
(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. Mr. MILES SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 KNOLLWOOD DRIVE
 City ATLANTA State GA Zip Code 30305-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1746717832631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. CATHERINE ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W 2000 S
 City DRIGGS State ID Zip Code 83422-4874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1903550732631
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. SUSAN EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City WOODBURY State MN Zip Code 55125-9592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR1903578132631
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1167.90
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 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 20030 EXCELSIOR BLVD

City State Zip Code
 EXCELSIOR MN 55331-8727

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

Name of Employer Occupation
 Optum Services, Inc SVP CIO

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
 01 / 31 / 2014
Transaction ID : PR1903622032631

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 10 SHADOW GLEN

City State Zip Code
 IRVINE CA 92620-0204

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2119468132631

Amount of Each Receipt this Period
 576.00

P/R Deduction (\$192.00 Bi-Weekly)

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

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
 HUNTINGTON BEACH CA 92648-6710

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 ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2119470332631

Amount of Each Receipt this Period
 288.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1164.00

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 18 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID HANSEN		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 Transaction ID : PR2119476732631
Mailing Address 33 VIA CONOCIDO		Amount of Each Receipt this Period 405.00
City SAN CLEMENTE	State CA	Zip Code 92673-7044
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SAMUEL HO		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 Transaction ID : PR2119477932631
Mailing Address 4220 OCEAN DR		Amount of Each Receipt this Period 461.40
City MANHATTAN BEACH	State CA	Zip Code 90266-3059
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.40	P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN JONES		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 Transaction ID : PR2119479232631
Mailing Address 3562 REDWOOD		Amount of Each Receipt this Period 288.00
City IRVINE	State CA	Zip Code 92606-2124
FEC ID number of contributing federal political committee. C	Name of Employer Optum Services, Inc	Occupation VP Govt Rel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1154.40
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 19 OF 52
	(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. AUSTIN 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 ▼ 405.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2119486732631

Amount of Each Receipt this Period 405.00

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

B. CYNTHIA 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 ▼ 300.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2119486832631

Amount of Each Receipt this Period 300.00

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

C. STEVEN 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 Optum Services, Inc Occupation VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2119492032631

Amount of Each Receipt this Period 288.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 993.00

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 20 OF 52
(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. FORREST BURKE
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2133132432631
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SUSAN MORISATO
 Mailing Address 238 ARDMORE ROAD
 City State Zip Code
 DES PLAINES IL 60016-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Pres Insurance Sols
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 579.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2133133832631
 Amount of Each Receipt this Period
 579.00
 P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. T JEFFREY PUTNAM
 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 ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2133134232631
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1455.90
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 21 OF 52
	<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. DANNETTE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 7475 FLYING CLOUD DRIVE #402

City EDEN PRAIRIE State MN Zip Code 55344-3823

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 ▼ **579.00**

Date of Receipt **01 / 31 / 2014**

Transaction ID : PR2145729932631

Amount of Each Receipt this Period **579.00**

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

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

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

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

Name of Employer Optum Services, Inc Occupation SVP Bus Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **01 / 31 / 2014**

Transaction ID : PR2162867632631

Amount of Each Receipt this Period **576.90**

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

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

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer Optum Services, Inc Occupation VP Strat Initiv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **01 / 31 / 2014**

Transaction ID : PR2225166732631

Amount of Each Receipt this Period **346.14**

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

SUBTOTAL of Receipts This Page (optional)..... **1502.04**

TOTAL This Period (last page this line 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 52
	<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 SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City	State	Zip Code
EDINA	MN	55436-1341

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

Name of Employer	Occupation
Optum Services, Inc	Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2225167432631

Amount of Each Receipt this Period
750.00

P/R Deduction (\$250.00 Bi-Weekly)

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

Mailing Address 15348 RED OAKS ROAD SE

City	State	Zip Code
PRIOR LAKE	MN	55372-1834

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2225819332631

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City	State	Zip Code
COLORADO SPRINGS	CO	80921-7631

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

Name of Employer	Occupation
Optum Services, Inc	Dir Clint Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2225819732631

Amount of Each Receipt this Period
230.76

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

SUBTOTAL of Receipts This Page (optional).....▶	1557.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 52
	(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. DARRELL RICHEY
Full Name (Last, First, Middle Initial)
Mailing Address 10823 MOORS END CIRCLE

City FISHERS	State IN	Zip Code 46038-2612
-----------------	-------------	------------------------

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2231352332631

Amount of Each Receipt this Period

240.00

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

B. MICHAEL CONNLY
Full Name (Last, First, Middle Initial)
Mailing Address 570 MONTCALM PL

City SAINT PAUL	State MN	Zip Code 55116-1730
--------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Chief Tech Off
---	------------------------------

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
01	/	31	/	2014

Transaction ID : PR2247625832631

Amount of Each Receipt this Period

300.00

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

C. DENNIS O'BRIEN
Full Name (Last, First, Middle Initial)
Mailing Address 61 LOUGHLIN AVE

City COS COB	State CT	Zip Code 06807-2621
-----------------	-------------	------------------------

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 ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2247627332631

Amount of Each Receipt this Period

288.45

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

SUBTOTAL of Receipts This Page (optional).....▶	828.45
TOTAL This Period (last page this line 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 52
	<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 OHMAN
Full Name (Last, First, Middle Initial)

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 ▼
288.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2247628032631

Amount of Each Receipt this Period
288.45

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

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

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1550

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

Name of Employer Occupation
Optum Shared Services Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2259738432631

Amount of Each Receipt this Period
291.00

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

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

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55403-2906

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

Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2364863232631

Amount of Each Receipt this Period
326.10

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

SUBTOTAL of Receipts This Page (optional).....▶	905.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 52
	(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. DIANE SOUZA
Full Name (Last, First, Middle Initial)

Mailing Address 3430 GALT OCEAN DRIVE
UNIT 1111

City State Zip Code
FORT LAUDERDALE FL 33308-7047

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

Name of Employer Occupation
United HealthCare Services Inc CEO Spclty Bens

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2402320032631

Amount of Each Receipt this Period
384.60

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

B. LORI 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 ▼
579.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2402320232631

Amount of Each Receipt this Period
579.00

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

C. SHELLEY 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 ▼
300.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2402444432631

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1263.60

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 26 OF 52
	(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. JAMES BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 378 FERNDALE ROAD WEST

City	State	Zip Code
WAYZATA	MN	55391-1559

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2402445132631

Amount of Each Receipt this Period
461.55

P/R Deduction (\$153.85 Bi-Weekly)

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

Mailing Address 4720 WEST 66TH STREET

City	State	Zip Code
EDINA	MN	55435-1506

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Empl Rel

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
01	/	31	/	2014

Transaction ID : PR2402445232631

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726

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 ▼
579.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2402445632631

Amount of Each Receipt this Period
579.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1340.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 52
	(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. CORY ALEXANDER		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 4203 BRADLEY LANE		Transaction ID : PR2405428832631
City CHEVY CHASE	State MD	Zip Code 20815-5234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer United HealthCare Services Inc	Occupation VP Gov't Rel	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) B. RODNEY ARMSTEAD		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 406 LEWELEN CIRCLE		Transaction ID : PR2405430232631
City ENGLEWOOD	State NJ	Zip Code 07631-2021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.45
Name of Employer Optum Services, Inc	Occupation Optum Exec	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) C. PETER WALSH		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 495 HIGHCROFT ROAD		Transaction ID : PR2405431132631
City WAYZATA	State MN	Zip Code 55391-1548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy Gen Counsel	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 ▼ 291.00	

SUBTOTAL of Receipts This Page (optional).....▶	1156.35
TOTAL This Period (last page this line 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 52
	<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. 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 ▼ 576.93

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2437119532631
 Amount of Each Receipt this Period 576.93
 P/R Deduction (\$192.31 Bi-Weekly)

B. JOHN COSGRIFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1837 SUMMIT LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118-4137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.40

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2437121632631
 Amount of Each Receipt this Period 418.40
 P/R Deduction (\$199.20 Bi-Weekly)

C. PETER RAINEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3115 WEST 47 STREET
 City MINNEAPOLIS State MN Zip Code 55410-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2437127532631
 Amount of Each Receipt this Period 345.00
 P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1340.33
TOTAL This Period (last page this line 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 29 OF 52
	<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. ROBIN LIPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.93

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2439928032631

Amount of Each Receipt this Period
576.93

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

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

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815-3720

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2444265732631

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 19705 LAKEVIEW AVENUE

City EXCELSIOR State MN Zip Code 55331-9351

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2445015332631

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional).....	1453.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. AMY ADLINGTON SHKABERIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4428 XERXES AVENUE S
 City MINNEAPOLIS State MN Zip Code 55410-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2445016432631
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. MARK DUHAIME
 Full Name (Last, First, Middle Initial)
 Mailing Address 5781 RUBY DRIVE
 City TROY State MI Zip Code 48085-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2445016932631
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. LARRY 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 Optum Services, Inc Occupation EVP UHG CEO Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2460168132631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1153.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 52
	(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 ORBUCH

Mailing Address 3370 SYCAMORE LANE

City State Zip Code
PLYMOUTH MN 55441-2229

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

Name of Employer Occupation
Optum Services, Inc Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2460168232631

Amount of Each Receipt this Period
288.45

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

Full Name (Last, First, Middle Initial)
B. SUE SCHICK

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 ▼
375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2480620532631

Amount of Each Receipt this Period
375.00

P/R Deduction (\$195.00 Bi-Weekly)

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

Mailing Address 1760 LUCY RIDGE CT

City State Zip Code
CHANHASSEN MN 55317-7661

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

Name of Employer Occupation
United HealthCare Services Inc SVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2484542632631

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional).....	951.90
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 32 OF 52
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. JERI KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City State Zip Code
CINCINNATI OH 45255-3932

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

Name of Employer Occupation
United HealthCare Services Inc VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2486697832631

Amount of Each Receipt this Period
576.90

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

Full Name (Last, First, Middle Initial)
B. DIRK MCMAHON

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
Optum Services, Inc Bus Segment CEO

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
01 / 31 / 2014
Transaction ID : PR2491457032631

Amount of Each Receipt this Period
300.00

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

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

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 ▼
291.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2491457532631

Amount of Each Receipt this Period
291.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1167.90

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 33 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARA 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 ▼
576.90

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2540175332631

Amount of Each Receipt this Period
576.90

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

B. PATRICIA 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 ▼
242.45

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2541300632631

Amount of Each Receipt this Period
242.45

P/R Deduction (\$98.15 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 ▼
288.48

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2541300832631

Amount of Each Receipt this Period
288.48

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1107.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 52
	(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. CHANTA COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City State Zip Code
TALLAHASSEE FL 32311-3331

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

Name of Employer Occupation
United HealthCare Services Inc Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4115.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : PR2552313532631

Amount of Each Receipt this Period
115.38

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

Full Name (Last, First, Middle Initial)
B. JEFFREY ALTER

Mailing Address 3 WOODLAND ROAD

City State Zip Code
PORT JEFFERSON NY 11777-1053

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 ▼
461.55

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : PR2552960232631

Amount of Each Receipt this Period
461.55

P/R Deduction (\$153.85 Bi-Weekly)

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

Mailing Address 6268 ORCHARD PARK

City State Zip Code
FRISCO TX 75034-5126

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : PR2552964232631

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.38

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: PAGE 35 OF 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55419-1151
---------------------	-------------	------------------------

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 ▼
291.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2553475432631

Amount of Each Receipt this Period
291.00

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

Full Name (Last, First, Middle Initial)
B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City EDINA	State MN	Zip Code 55424-1304
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiv Clin Aff
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
579.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2553475532631

Amount of Each Receipt this Period
579.00

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

Full Name (Last, First, Middle Initial)
C. KARSTEN FLAGSTAD

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 Optum Services, Inc	Occupation VP Info Tech
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2554013032631

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
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 36 OF 52
(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. DANIEL CLUTE

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 ▼
 291.00

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR2560064432631

Amount of Each Receipt this Period
 291.00

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

Full Name (Last, First, Middle Initial)
B. DONALD GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS State NV Zip Code 89135-1680

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

Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 579.00

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR2560064932631

Amount of Each Receipt this Period
 579.00

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

Full Name (Last, First, Middle Initial)
C. SHELDON LIPPMAN

Mailing Address 55 CLIFFIELD 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 ▼
 291.00

Date of Receipt
 01 / 31 / 2014
Transaction ID : PR2560065432631

Amount of Each Receipt this Period
 291.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1161.00

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 37 OF 52
(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. ANGELA LOBERG

Mailing Address 2837 EAST PARK PLACE

City State Zip Code
 MILWAUKEE WI 53211-3845

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 ▼
 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR256006532631

Amount of Each Receipt this Period
 291.00

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

Full Name (Last, First, Middle Initial)
B. JEFFREY LUCHT

Mailing Address 191 MAIN ST

City State Zip Code
 S GLASTONBURY CT 06073-3004

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2560065632631

Amount of Each Receipt this Period
 291.00

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

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

Mailing Address 2335 SOUTH OCEAN BLVD B5

City State Zip Code
 PALM BEACH FL 33480-5368

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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR256321132631

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 882.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52
	<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. JENNIFER WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROBERTA COURT

City MCLEAN State VA Zip Code 22101-2114

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 ▼ 291.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2564296832631

Amount of Each Receipt this Period
291.00

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

B. ARTHUR MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA State FL Zip Code 33647-3515

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 ▼ 500.01

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2564296932631

Amount of Each Receipt this Period
500.01

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

C. ANDREW MACKENZIE
Full Name (Last, First, Middle Initial)

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS State MN Zip Code 55403-2823

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 ▼ 300.00

Date of Receipt
01 / 31 / 2014
Transaction ID : PR2564297132631

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1091.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 52
	(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. PAUL 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 ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2564802732631

Amount of Each Receipt this Period
 291.00

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

B. DEBRA BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 3209 GALLERIA UNIT 1705

City EDINA State MN Zip Code 55435-2556

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

Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2564804032631

Amount of Each Receipt this Period
 291.00

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

C. KATHRYN 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 ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2564804332631

Amount of Each Receipt this Period
 291.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 52
(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 WIFFLER

Mailing Address 1421 SOMERFIELD DRIVE

City State Zip Code
BOLINGBROOK IL 60490-3207

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

Name of Employer Occupation
United HealthCare Services Inc Chief Field Ops Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2572992732631

Amount of Each Receipt this Period
291.00

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

Full Name (Last, First, Middle Initial)
B. LORI VAN HOLMES

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55409-1423

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

Name of Employer Occupation
United HealthCare Services Inc Dir Human Capital Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2575030932631

Amount of Each Receipt this Period
291.00

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

Full Name (Last, First, Middle Initial)
C. SANDRA NICHOLS

Mailing Address 12706 YOUNG LANE

City State Zip Code
NORTH POTOMAC MD 20878-6112

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2575074532631

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 870.45

TOTAL This Period (last page this line 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 52
	<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. RON JONES
Full Name (Last, First, Middle Initial)

Mailing Address 10066 ESCAMBIA BAY CT

City State Zip Code
NAPLES FL 34120-4621

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

Name of Employer Occupation
Optum Services, Inc Pres Prov Sols

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2575163532631

Amount of Each Receipt this Period
375.00

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

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

Mailing Address 7607 MAPLE MEADOW STREET

City State Zip Code
LAS VEGAS NV 89131-4665

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

Name of Employer Occupation
Health Plan of Nevada Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2575164432631

Amount of Each Receipt this Period
300.00

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

C. TOM BEAUREGARD
Full Name (Last, First, Middle Initial)

Mailing Address 161 SPRING VALLEY ROAD

City State Zip Code
RIDGEFIELD CT 06877-1219

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

Name of Employer Occupation
United HealthCare Services Inc Pres United Essentials

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2575295132631

Amount of Each Receipt this Period
288.45

P/R Deduction (\$204.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 963.45

TOTAL This Period (last page this line 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 52
	<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. JERI LOSE
Full Name (Last, First, Middle Initial)
Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE	State MN	Zip Code 55347-3524
----------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP Info Tech
---	----------------------------

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
01	/	31	/	2014

Transaction ID : PR2575419832631

Amount of Each Receipt this Period
300.00

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

B. MOLLY JOSEPH
Full Name (Last, First, Middle Initial)
Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA	State MN	Zip Code 55305-2809
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2575521732631

Amount of Each Receipt this Period
576.00

P/R Deduction (\$192.00 Bi-Weekly)

C. PAUL HEBERT
Full Name (Last, First, Middle Initial)
Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR	State CT	Zip Code 06074-2957
-----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens Dntl
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2014

Transaction ID : PR2575522332631

Amount of Each Receipt this Period
375.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1251.00
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 52
	<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. ELIZABETH WINSOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 THOMPSON HILL ROAD
 City COLLINSVILLE State CT Zip Code 06019-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575582832631
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. TERENCE 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 ▼ 291.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575636932631
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. BENTON DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 NORTH 53RD PLACE
 City PARADISE VALLEY State AZ Zip Code 85253-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575639232631
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	867.90
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 44 OF 52
	(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. BRADY PRIEST		Date of Receipt
Mailing Address 4401 COUNTRY CLUB RD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55424-1148
FEC ID number of contributing federal political committee.		Transaction ID : PR2575677232631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="288.45"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$96.15 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="288.45"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER STIDMAN		Date of Receipt
Mailing Address 6504 CHEROKEE TRAIL		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55439-1109
FEC ID number of contributing federal political committee.		Transaction ID : PR2575683832631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="214.00"/>
Name of Employer	Occupation	
Optum Services, Inc	VP Med Clin Ops	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="214.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D ELLEN WILSON		Date of Receipt
Mailing Address 400 STUART STREET 25D		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOSTON	MA	02116-5011
FEC ID number of contributing federal political committee.		Transaction ID : PR2575708832631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	EVP Human Capital	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$97.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="793.45"/>
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 45 OF 52
	<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 MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 26104 WEST 108 TERRACE

City OLATHE State KS Zip Code 66061-7522

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.19

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575819832631

Amount of Each Receipt this Period 465.19

P/R Deduction (\$88.47 Bi-Weekly)

B. PATRICK LANGAN
Full Name (Last, First, Middle Initial)

Mailing Address 405 MEADOW LANE

City BENSON State MN Zip Code 56215-1033

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575885032631

Amount of Each Receipt this Period 291.00

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

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

Mailing Address 483 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 Mkt Group Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2575938432631

Amount of Each Receipt this Period 576.90

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

SUBTOTAL of Receipts This Page (optional).....▶ 1333.09

TOTAL This Period (last page this line 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 52
	<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. RHONDA MEDOWS
Full Name (Last, First, Middle Initial)

Mailing Address 7707 WISCONSIN AVENUE
APT # 530

City State Zip Code
BETHESDA MD 20814-6547

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

Name of Employer Occupation
Optum Services, Inc Chief Med Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2576040432631

Amount of Each Receipt this Period
288.45

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

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

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code
MINNETONKA MN 55305-2806

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

Name of Employer Occupation
United HealthCare Services Inc VP Entrprs Real Estate Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2576051632631

Amount of Each Receipt this Period
291.00

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

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

Mailing Address 503 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1512

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

Name of Employer Occupation
Optum Services, Inc Mkt Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
579.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : PR2576060032631

Amount of Each Receipt this Period
579.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1158.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 52
(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 NELSON

Mailing Address 2542 CROSBY ROAD

City State Zip Code
 WAYZATA MN 55391-2318

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 ▼
 288.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2576144832631

Amount of Each Receipt this Period
 288.45

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

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

Mailing Address 5553 LITTLE FALLS ROAD

City State Zip Code
 ARLINGTON VA 22207-1525

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2577379332631

Amount of Each Receipt this Period
 576.90

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

Full Name (Last, First, Middle Initial)
C. KATHRYN A HOPKINS

Mailing Address 1 OLD FARM ROAD

City State Zip Code
 WELLESLEY MA 02481-1424

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

Name of Employer Occupation
 United HealthCare Services Inc Optum Exec

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : PR2578735232631

Amount of Each Receipt this Period
 403.86

P/R Deduction (\$134.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1269.21

TOTAL This Period (last page this line 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 52
	<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. DEMETRIOS KOUZOUKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15552 57TH PLACE N
 City PLYMOUTH State MN Zip Code 55446-3737
 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 ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2578740432631
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. LAURA CIAVOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1686 WILDFIRE LANE
 City FRISCO State TX Zip Code 75033-7325
 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 ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2578824332631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. LAURA GROSCHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3872 KENNET CIRCLE
 City EAGAN State MN Zip Code 55123-3952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2595230932631
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1442.25
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 52
	(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. MARIANNE SHORT
Full Name (Last, First, Middle Initial)

Mailing Address 2215 SUMMIT AVENUE

City SAINT PAUL State MN Zip Code 55105-1002

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2601133532631

Amount of Each Receipt this Period
576.90

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

B. STANLEY 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 Optum Services, Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2601169732631

Amount of Each Receipt this Period
346.14

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

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

Mailing Address 2924 CREEK LANE

City MINNETONKA State MN Zip Code 55305-2988

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

Name of Employer Optum Services, Inc Occupation SVP Strat Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : PR2605755632631

Amount of Each Receipt this Period
346.14

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

SUBTOTAL of Receipts This Page (optional).....▶	1269.18
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 52
(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. LISA WERNER
Full Name (Last, First, Middle Initial)
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 Optum Services, Inc Occupation Behvrl Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2606842832631
Amount of Each Receipt this Period 288.45
P/R Deduction (\$96.15 Bi-Weekly)

B. MICHAEL WEISSEL
Full Name (Last, First, Middle Initial)
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 Optum Services, Inc Occupation Optum Exec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 01 / 31 / 2014
Transaction ID : PR2606842932631
Amount of Each Receipt this Period 346.14
P/R Deduction (\$115.38 Bi-Weekly)

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	634.59
TOTAL This Period (last page this line number only).....▶	57100.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steny Hamilton Hoyer

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : 36806377

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480-0087

Purpose of Disbursement
Void - Check dated 12.17.2013

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 36846567

Amount of Each Disbursement this Period

-1000.00

Void - Check dated 12.17.2013

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

1500.00

**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 Elect Kelli Ward

Mailing Address 1990 McCulloch Blvd N, # D-228

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
Void - check dated 11.03.2013

Candidate Name
AZ Sen. Kelli Ward

Office Sought: House Senate President
State: AZ District:
Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2014

Transaction ID : 36777339

Amount of Each Disbursement this Period

-440.00

Void - check dated 11.03.2013

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-440.00

-440.00