

**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="2015"/>		<input type="text" value="225407.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="225407.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="89590.68"/>	<input type="text" value="89590.68"/>
(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="314998.58"/>	<input type="text" value="314998.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58065.00"/>	<input type="text" value="58065.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="256933.58"/>	<input type="text" value="256933.58"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 01 / 31 / 2015

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).....	54611.60	54611.60
(ii) Unitemized	34979.08	34979.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	89590.68	89590.68
(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)	89590.68	89590.68
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))..... ▶	89590.68	89590.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	89590.68	89590.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	42500.00
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	465.00	465.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	465.00	465.00
29. Other Disbursements	15000.00	15000.00
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)) ..	58065.00	58065.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58065.00	58065.00

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)	89590.68	89590.68
34. Total Contribution Refunds (from Line 28(d))	465.00	465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89125.68	89125.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.00	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. RONALD HAGEN
Full Name (Last, First, Middle Initial)

Mailing Address 107 SHOSHONI TRAIL

City State Zip Code
APPLE VALLEY MN 55124-4420

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

Name of Employer Occupation
United HealthCare Services Inc Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 31 / 2015
Transaction ID : 37924711

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

B. JON SEEBACH
Full Name (Last, First, Middle Initial)

Mailing Address 39 SAN MARINO CIRCLE

City State Zip Code
RANCHO MIRAGE CA 92270-1908

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

Name of Employer Occupation
United HealthCare Services Inc Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
01 / 31 / 2015
Transaction ID : 37924712

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$0.00

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

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
EDINA MN 55439-1708

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

Name of Employer Occupation
United HealthCare Services Inc PRES & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
01 / 31 / 2015
Transaction ID : PR1159814737170

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 62
	<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. PATRICK J ERLANDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391-9690

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

Name of Employer Optum Services, Inc Occupation SVP Bus Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **01 / 31 / 2015**

Transaction ID : PR1159815937170

Amount of Each Receipt this Period **576.90**

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

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

Mailing Address 8943 HIDDEN MEADOW R

City WOODBURY State MN Zip Code 55125-9138

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **01 / 31 / 2015**

Transaction ID : PR1159816437170

Amount of Each Receipt this Period **288.45**

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

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

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391-2259

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

Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 31 / 2015**

Transaction ID : PR1159816637170

Amount of Each Receipt this Period **300.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	1165.35
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: PAGE 8 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1159816937170
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. RICHARD J MIGLIORI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 72
 City WAYZATA State MN Zip Code 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Consumr Hlth Med Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1159827437170
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1159830037170
 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 9 OF 62
(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. 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 Sr Advsr to Office of CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR1332013237170
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. MICHAEL C 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 / 2015
Transaction ID : PR1551133437170
 Amount of Each Receipt this Period
 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

C. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR1575957637170
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 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: (check only one)	PAGE 10 OF 62
	<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. ERNEST MONFILETTO
Full Name (Last, First, Middle Initial)
Mailing Address 3062 COMFORT ROAD
City NEW HOPE State PA Zip Code 18938-5622
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1575958137170
Amount of Each Receipt this Period 230.76
P/R Deduction (\$76.92 Bi-Weekly)

B. LEE D VALENTA
Full Name (Last, First, Middle Initial)
Mailing Address 4701 GOLF TERRACE
City EDINA State MN Zip Code 55424-1514
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Pres Lif Scis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1575958537170
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

C. THOMAS S PAUL
Full Name (Last, First, Middle Initial)
Mailing Address 2006 QUEEN AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55405-2350
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1580864737170
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1107.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 62
<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. ROBERT THOMAS WEBB		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR1580865337170
Mailing Address 4516 DREXEL AVENUE		Amount of Each Receipt this Period 576.90
City EDINA State MN Zip Code 55424-1130	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp	Aggregate Year-to-Date 576.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RICHARD J HUGHES		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR1596304137170
Mailing Address 735 SAINT MORITZ		Amount of Each Receipt this Period 300.00
City VICTORIA State MN Zip Code 55386-3706	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation SVP COO of Human Capital	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THAD C JOHNSON		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR1596304337170
Mailing Address 9741 GLACIER BAY		Amount of Each Receipt this Period 300.00
City EDEN PRAIRIE State MN Zip Code 55347-2615	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 12 OF 62
(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. DANIEL J SCHUMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 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 01 / 31 / 2015
Transaction ID : PR1596305437170
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. THOMAS D LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHIPPEWA AVENUE
 City TAMPA State FL Zip Code 33606-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1596306937170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR1596307037170
 Amount of Each Receipt this Period 330.00
 P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1195.35
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 13 OF 62
	<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 I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Ntwk
 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 / 2015
Transaction ID : PR1596317337170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR1596317437170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP GM PCM
 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 / 2015
Transaction ID : PR1600598537170
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	876.90
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 62
	<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. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR1600598737170
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR1602669937170
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 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 Y
 01 / 31 / 2015
Transaction ID : PR1613243537170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	888.45
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 15 OF 62
	<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. STEVE R KOOREN		Date of Receipt
Mailing Address 4444 ELLSWORTH DRIVE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
EDINA	MN	55435-4150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1653443237170
Name of Employer	Occupation	Amount of Each Receipt this Period
UHC International Services Inc	Bus Segment CFO	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>	

Full Name (Last, First, Middle Initial) B. CATHERINE K ANDERSON		Date of Receipt
Mailing Address 57 SIMMONS LANE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
SEVERNA PARK	MD	21146-1921
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1903550737170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Bus Dvlp	<input type="text" value="291.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$97.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.00"/>	

Full Name (Last, First, Middle Initial) C. SUSAN B EDBERG		Date of Receipt
Mailing Address 9727 WELLINGTON RIDGE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
WOODBURY	MN	55125-9592
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1903578137170
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	VP Ops	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="975.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 16 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 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 / 2015
Transaction ID : PR1903622037170
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DAVID M HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 VIA CONOCIDO
 City State Zip Code
 SAN CLEMENTE CA 92673-7044
 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 ▼
 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2119476737170
 Amount of Each Receipt this Period
 405.00
 P/R Deduction (\$135.00 Bi-Weekly)

C. SAMUEL W HO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 OCEAN DR
 City State Zip Code
 MANHATTAN BEACH CA 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mkt Grp Chief Clin Off
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2119477937170
 Amount of Each Receipt this Period
 461.40
 P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1166.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. JOHN D JONES		Date of Receipt
Mailing Address 3562 REDWOOD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
IRVINE	CA	92606-2124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119479237170
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	VP Govt Affs	<input type="text" value="288.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$96.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="288.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AUSTIN T PITTMAN		Date of Receipt
Mailing Address 14 LOCH RIDGE DRIVE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
GREENSBORO	NC	27408-3868
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119486737170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Bus Segment CEO	<input type="text" value="405.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$135.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="405.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CYNTHIA L POLICH		Date of Receipt
Mailing Address 3401 E VIA PALOMITA		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
TUCSON	AZ	85718-3371
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119486837170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Strat Initiv	<input type="text" value="300.00"/>
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="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="993.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 62
	(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. STEVEN M TUCKER		Date of Receipt
Mailing Address 12331 COUNTRY LANE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
SANTA ANA	CA	92705-3330
FEC ID number of contributing federal political committee.		Transaction ID : PR2119492037170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="288.00"/>
Name of Employer	Occupation	
Optum Services, Inc	VP Regl Affs	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$96.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="288.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN TYLER J MASON		Date of Receipt
Mailing Address PO BOX 2083		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CYPRESS	CA	90630-1583
FEC ID number of contributing federal political committee.		Transaction ID : PR2126373837170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="576.90"/>
Name of Employer	Occupation	
United HealthCare Services Inc	VP Comm	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FORREST G BURKE		Date of Receipt
Mailing Address 380 LEAF STREET		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
ORONO	MN	55356-9733
FEC ID number of contributing federal political committee.		Transaction ID : PR2133132437170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Pres PS Labor Trust	
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="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1164.90"/>
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 19 OF 62
<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. BROR O HULTGREN		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2133133237170
Mailing Address 408 22ND ST		Amount of Each Receipt this Period 288.45
City GOLDEN State CO Zip Code 80401-2452	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Regn CEO	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) B. SUSAN C MORISATO		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2133133837170
Mailing Address 238 ARDMORE ROAD		Amount of Each Receipt this Period 579.00
City DES PLAINES State IL Zip Code 60016-2119	FEC ID number of contributing federal political committee. C	P/R Deduction (\$193.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.00

Full Name (Last, First, Middle Initial) C. T JEFFREY PUTNAM		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2133134237170
Mailing Address 303 ELMWOOD PLACE WEST		Amount of Each Receipt this Period 576.90
City MINNEAPOLIS State MN Zip Code 55419-1349	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation SVP Fin Plng Anlys	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90

SUBTOTAL of Receipts This Page (optional).....▶	1444.35
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: PAGE 20 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4200 ALDEN DRIVE

City State Zip Code
 EDINA MN 55416-5010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 579.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2145729937170

Amount of Each Receipt this Period
 579.00

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

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

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
 IRVINE CA 92603-0212

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

Name of Employer Occupation
 Optum Services, Inc SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2162867637170

Amount of Each Receipt this Period
 384.60

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

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

Mailing Address 8516 29TH AVE N

City State Zip Code
 NEW HOPE MN 55427-2622

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

Name of Employer Occupation
 Optum Services, Inc VP Strat Initiv

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 / 2015

Transaction ID : PR2225166737170

Amount of Each Receipt this Period
 346.14

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1309.74

TOTAL This Period (last page this line 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 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **01 / 31 / 2015**

Transaction ID : PR2225819337170

Amount of Each Receipt this Period **576.90**

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921-7631

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **01 / 31 / 2015**

Transaction ID : PR2225819737170

Amount of Each Receipt this Period **230.76**

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

C. DARRELL S 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 **01 / 31 / 2015**

Transaction ID : PR2231352337170

Amount of Each Receipt this Period **240.00**

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

SUBTOTAL of Receipts This Page (optional)..... **1047.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MICHAEL R 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 01 / 31 / 2015
Transaction ID : PR2247625837170
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

B. DENNIS P 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 CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2247627337170
Amount of Each Receipt this Period 288.45
P/R Deduction (\$96.15 Bi-Weekly)

C. DANIEL L OHMAN
Full Name (Last, First, Middle Initial)
Mailing Address 8970 MOOR PARK RUN
City DULUTH State GA Zip Code 30097-6621
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2247628037170
Amount of Each Receipt this Period 288.45
P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	876.90
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 23 OF 62
(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 M PRINCE

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
 WAYZATA MN 55391-1550

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

Name of Employer Occupation
 Optum Services, Inc Optum Exec

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 / 2015

Transaction ID : PR2259738437170

Amount of Each Receipt this Period
 291.00

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

Full Name (Last, First, Middle Initial)
B. JAKE LOGAN

Mailing Address 4826 EAST CALLE REDONDA

City State Zip Code
 PHOENIX AZ 85018-2931

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

Name of Employer Occupation
 United HealthCare Services Inc Govt Affs Dir

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 / 2015

Transaction ID : PR2402318237170

Amount of Each Receipt this Period
 288.45

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

Full Name (Last, First, Middle Initial)
C. JAMES H BECKER

Mailing Address 378 FERNDAL ROAD WEST

City State Zip Code
 WAYZATA MN 55391-1559

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2402445137170

Amount of Each Receipt this Period
 576.90

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

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 24 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. JAMES C 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	/	2015

Transaction ID : PR2402445237170

Amount of Each Receipt this Period

300.00

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

B. JOHN L 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
Optum 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	/	2015

Transaction ID : PR2402445637170

Amount of Each Receipt this Period

579.00

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

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

Mailing Address 4203 BRADLEY LANE

City	State	Zip Code
CHEVY CHASE	MD	20815-5234

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP External Affairs

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	/	2015

Transaction ID : PR2405428837170

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 25 OF 62
	<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. PETER H WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 495 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2405431137170

Amount of Each Receipt this Period 291.00

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

B. 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 / 2015
Transaction ID : PR2437119537170

Amount of Each Receipt this Period 576.93

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

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

Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS State MN Zip Code 55118-4137

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2437121637170

Amount of Each Receipt this Period 576.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1444.83

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 26 OF 62
	<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. PETER W RAINEY		Date of Receipt
Mailing Address 3115 WEST 47 STREET		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
MINNEAPOLIS	MN	55410-1857
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2437127537170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Fin	<input type="text" value="345.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$115.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="345.00"/>	

Full Name (Last, First, Middle Initial) B. ROBIN E LIPPERT		Date of Receipt
Mailing Address UNIT 9600 BOX 2		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
DPO	AP	96209-0002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2439928037170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP External Affs	<input type="text" value="576.93"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.31 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.93"/>	

Full Name (Last, First, Middle Initial) C. STEPHEN M HEYMAN		Date of Receipt
Mailing Address 5300 SHERRILL AVENUE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHEVY CHASE	MD	20815-3720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2444265737170
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Govt Affs	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1221.93"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
	<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. AMY R ADLINGTON SHKABERIN		Date of Receipt
Mailing Address 4329 EWING AVE S		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
MINNEAPOLIS	MN	55410-1342
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2445016437170
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	VP Human Capital	<input type="text" value="288.45"/>
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. MARK J DUHAIME		Date of Receipt
Mailing Address 5781 RUBY DRIVE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
TROY	MI	48085-3922
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2445016937170
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	Mkt Grp CIO	<input type="text" value="288.45"/>
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) C. LARRY C RENFRO		Date of Receipt
Mailing Address 5 DOVE LANE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
ANDOVER	MA	01810-2845
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2460168137170
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	VICE CHAIRMAN & CEO Optum	<input type="text" value="576.90"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1153.80"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 OF 62
(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. DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City State Zip Code
PLYMOUTH MN 55441-2229

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

Name of Employer Occupation
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 / 2015
Transaction ID : PR2460168237170

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 1220 DENBIGH LANE

City State Zip Code
WAYNE PA 19087-4644

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

Name of Employer Occupation
United HealthCare Services Inc Chief Growth 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 / 2015
Transaction ID : PR2480620537170

Amount of Each Receipt this Period
576.90

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

Full Name (Last, First, Middle Initial)
C. MARK A 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 / 2015
Transaction ID : PR2484542637170

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 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: (check only one)	PAGE 29 OF 62
	<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. JERI G KUBICKI		Date of Receipt
Mailing Address 7659 COLDSTREAM DRIVE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CINCINNATI	OH	45255-3932
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2486697837170
United HealthCare Services Inc	VP Govt Affs	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	<input type="text" value="576.90"/>
		P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DIRK C MCMAHON		Date of Receipt
Mailing Address 60 WILDHURST ROAD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
EXCELSIOR	MN	55331-8461
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2491457037170
United HealthCare Services Inc	EVP ENTRPRS OPS/TECH	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DONALD H NATHAN		Date of Receipt
Mailing Address 275 GREENWICH STREET #30		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW YORK	NY	10007-2150
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2491457337170
United HealthCare Services Inc	SVP Chief Comm Off	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	<input type="text" value="576.90"/>
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1453.80"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611-7435
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2015

Transaction ID : PR2491457537170

Amount of Each Receipt this Period
291.00

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

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

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA	State VA	Zip Code 22302-2533
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs
--	-----------------------------

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	/	2015

Transaction ID : PR2540175337170

Amount of Each Receipt this Period
576.90

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

C. PATRICIA A PURDY
Full Name (Last, First, Middle Initial)

Mailing Address 7417 LYNNHURST STREET

City CHEVY CHASE	State MD	Zip Code 20815-3101
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2015

Transaction ID : PR2541300637170

Amount of Each Receipt this Period
294.45

P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1162.35
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 31 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.48

Date of Receipt
01 / 31 / 2015
Transaction ID : PR2541300837170

Amount of Each Receipt this Period
288.48

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

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

Mailing Address 3 WOODLAND ROAD

City PORT JEFFERSON State NY Zip Code 11777-1053

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
01 / 31 / 2015
Transaction ID : PR2552960237170

Amount of Each Receipt this Period
576.90

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

C. GREGORY J JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
01 / 31 / 2015
Transaction ID : PR2552963237170

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional).....▶	1153.83
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 32 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2015

Transaction ID : PR2553475437170

Amount of Each Receipt this Period
291.00

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2015

Transaction ID : PR2553475537170

Amount of Each Receipt this Period
579.00

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

C. KARSTEN S FLAGSTAD
Full Name (Last, First, Middle Initial)
Mailing Address 13420 JAY ST NW

City ANDOVER	State MN	Zip Code 55304-4015
-----------------	-------------	------------------------

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

Name of Employer 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 Y
01	/	31	/	2015

Transaction ID : PR2554013037170

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: (check only one)	PAGE 33 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)

Mailing Address 7756 N 85TH STREET

City OMAHA State NE Zip Code 68122-1281

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt
01 / 31 / 2015
Transaction ID : PR2560064437170

Amount of Each Receipt this Period
291.00

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

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

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 / 2015
Transaction ID : PR2560064937170

Amount of Each Receipt this Period
579.00

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

C. JERI L JONES
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
01 / 31 / 2015
Transaction ID : PR2560065137170

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 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: (check only one)	PAGE 34 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2560065437170

Amount of Each Receipt this Period
 291.00

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

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

Mailing Address 191 MAIN ST

City SOUTH GLASTONBURY State CT Zip Code 06073-3004

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2560065637170

Amount of Each Receipt this Period
 291.00

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

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

Mailing Address 4408 THOMAS AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55410-1968

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

Name of Employer United HealthCare Services Inc Occupation SVP Prd

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 / 2015

Transaction ID : PR2560398837170

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 35 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES CRONIN
Full Name (Last, First, Middle Initial)

Mailing Address 241 WALLACE RD

City BEDFORD State NH Zip Code 03110-5144

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 ▼ 288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : PR2560821137170

Amount of Each Receipt this Period
288.45

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

B. JENNIFER F 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 Affs

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 / 2015

Transaction ID : PR2564296837170

Amount of Each Receipt this Period
291.00

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

C. ANDREW C 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
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : PR2564297137170

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 879.45

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 36 OF 62
	(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. PAUL DANIEL HANSEN		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2564802737170
Mailing Address 18430 62ND PLACE NORTH		Amount of Each Receipt this Period 291.00
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 Grp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00	P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DARREN C MOQUIST		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2564803437170
Mailing Address 1200 NICOLLET MALL #507		Amount of Each Receipt this Period 288.48
City MINNEAPOLIS	State MN	Zip Code 55403-2408
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.48	P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DEBRA J BERNS		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2564804037170
Mailing Address 3209 GALLERIA UNIT 1705		Amount of Each Receipt this Period 291.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00	P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	870.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 62
	<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. KATHRYN S RUBIN		Date of Receipt
Mailing Address 310 SYCAMORE LANE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
PLYMOUTH	MN	55441-5615
FEC ID number of contributing federal political committee.		Transaction ID : PR2564804337170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="316.38"/>
Name of Employer	Occupation	P/R Deduction (\$105.46 Bi-Weekly)
United HealthCare Services Inc	VP Social Resp/Pres Found	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="316.38"/>	

Full Name (Last, First, Middle Initial) B. WENDY D ARNONE		Date of Receipt
Mailing Address 5243 E DESERT PARK LANE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
PARADISE VALLEY	AZ	85253-3015
FEC ID number of contributing federal political committee.		Transaction ID : PR2568900537170
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	P/R Deduction (\$96.15 Bi-Weekly)
United HealthCare Services Inc	Regn CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="288.45"/>	

Full Name (Last, First, Middle Initial) C. THOMAS P WIFFLER		Date of Receipt
Mailing Address 1421 SOMERFIELD DRIVE		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOLINGBROOK	IL	60490-3207
FEC ID number of contributing federal political committee.		Transaction ID : PR2572992737170
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	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Bus Segment COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="895.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 38 OF 62
(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. HEATHER R CIANFROCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 WEST BARDONNER ROAD
 City State Zip Code
 GIBSONIA PA 15044-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn 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 / 2015
Transaction ID : PR2574986237170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. LORI A VAN HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4117 BRYANT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55409-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Human Capital Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2575030937170
 Amount of Each Receipt this Period
 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JENNIFER M O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4371 BENT TREE LANE
 City State Zip Code
 EAGAN MN 55123-3054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Chief Compli Off
 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 / 2015
Transaction ID : PR2575034537170
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

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: PAGE 39 OF 62
(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. VIVIAN M LINDSAY
 Mailing Address 14930 SW 39 ST
 City State Zip Code
 DAVIE FL 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2575054937170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SANDRA B 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 / 2015
Transaction ID : PR2575074537170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RON JONES
 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
 Optum360 Services Inc SVP Clint Relationship
 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 / 2015
Transaction ID : PR2575163537170
 Amount of Each Receipt this Period
 375.00
 P/R Deduction (\$125.00 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 40 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4855 BUCKHORN BUTTE COURT

City State Zip Code
 LAS VEGAS NV 89149-5258

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 M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575164437170

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 41 CUMBERLAND ROAD

City State Zip Code
 WEST HARTFORD CT 06119-1121

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575185437170

Amount of Each Receipt this Period
 288.45

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

Full Name (Last, First, Middle Initial)
C. MATTHEW MACKINNON SHORS

Mailing Address 4649 EWING AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410-1745

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

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

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 / 2015

Transaction ID : PR2575222337170

Amount of Each Receipt this Period
 288.45

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 876.90

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 41 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6010 LONESOME VALLEY TRAIL

City State Zip Code
AUSTIN TX 78731-3749

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

Name of Employer Occupation
Optum Services, Inc CEO Spclty Ntwk

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 / 2015

Transaction ID : PR257523737170

Amount of Each Receipt this Period
230.76

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

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

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 ▼ **576.90**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : PR2575295137170

Amount of Each Receipt this Period
576.90

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

Full Name (Last, First, Middle Initial)
C. BRANDON E CUEVAS

Mailing Address 25 STRATHMORE

City State Zip Code
LADERA RANCH CA 92694-0549

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 ▼ **288.45**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : PR2575305637170

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional).....▶	1096.11
TOTAL This Period (last page this line 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 62
	<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 L LOSE
Full Name (Last, First, Middle Initial)

Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3524

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575419837170

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 811 GOLDENROD

City KYLE State TX Zip Code 78640-5458

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct 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 / 2015

Transaction ID : PR2575489437170

Amount of Each Receipt this Period
 288.45

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

C. MOLLY E JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2809

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575521737170

Amount of Each Receipt this Period
 576.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1164.45
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 43 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL B HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 13 GOVERNORS ROW

City WEST HARTFORD State CT Zip Code 06117-1931

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

Name of Employer United HealthCare Services Inc Occupation VP Fin

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 / 2015

Transaction ID : PR2575522337170

Amount of Each Receipt this Period
375.00

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

B. CURTIS A MOCK
Full Name (Last, First, Middle Initial)

Mailing Address 23 KELTON STREET

City REHOBOTH State MA Zip Code 02769-2530

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

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 / 2015

Transaction ID : PR2575579237170

Amount of Each Receipt this Period
300.00

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

C. ELIZABETH C WINSOR
Full Name (Last, First, Middle Initial)

Mailing Address 57 WILDERS PASS

City CANTON State CT Zip Code 06019-2259

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

Name of Employer United HealthCare Services Inc Occupation CEO NA Acct

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 / 2015

Transaction ID : PR2575582837170

Amount of Each Receipt this Period
288.45

P/R Deduction (\$96.15 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 44 OF 62
	<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. TERRENCE M CLARK		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2575636937170
Mailing Address 8 COOPER AVENUE		Amount of Each Receipt this Period 291.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00	P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ELENA J MCFANN		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2575654737170
Mailing Address 18925 24TH AVENUE NORTH		Amount of Each Receipt this Period 288.45
City PLYMOUTH	State MN	Zip Code 55447-2072
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Regn CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. BRADY PRIEST		Date of Receipt MM / DD / YYYY 01 / 31 / 2015 Transaction ID : PR2575677237170
Mailing Address 4401 COUNTRY CLUB RD		Amount of Each Receipt this Period 288.45
City EDINA	State MN	Zip Code 55424-1148
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 45 OF 62
(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. CHRISTOPHER J STIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2575683837170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. ELIZABETH SOBERG PROKOCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9746 SUNSET HILL DR
 City LONE TREE State CO Zip Code 80124-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2575705837170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. D ELLEN WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 STUART STREET 25D
 City BOSTON State MA Zip Code 02116-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2575708837170
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 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: (check only one)	PAGE 46 OF 62
	<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. JON SEEBACH
Full Name (Last, First, Middle Initial)

Mailing Address 39 SAN MARINO CIRCLE

City RANCHO MIRAGE State CA Zip Code 92270-1908

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
01 / 31 / 2015

Transaction ID : PR2575715137170

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

B. WILLIAM J 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 ▼ **265.41**

Date of Receipt
01 / 31 / 2015

Transaction ID : PR2575819837170

Amount of Each Receipt this Period
265.41

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

C. PHILIP R KAUFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1680 NORTH FARM ROAD

City ORONO State MN Zip Code 55356-9309

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

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Ben Visn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
01 / 31 / 2015

Transaction ID : PR2575829837170

Amount of Each Receipt this Period
288.45

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

SUBTOTAL of Receipts This Page (optional)..... **918.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 62
	<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 J GOLDEN
Full Name (Last, First, Middle Initial)

Mailing Address 106 SOUND COURT

City NORTHPORT State NY Zip Code 11768-3527

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575859337170

Amount of Each Receipt this Period
 288.45

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

B. PATRICK J 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 United HealthCare Services Inc Occupation VP IT

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 / 2015

Transaction ID : PR2575885037170

Amount of Each Receipt this Period
 291.00

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

C. RICHARD J 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2575938437170

Amount of Each Receipt this Period
 576.90

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

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: PAGE 48 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. DAVID J LAUTH
 Mailing Address 5109 EMERSON AV S
 City State Zip Code
 MINNEAPOLIS MN 55419-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2575991137170
 Amount of Each Receipt this Period
 273.75
 P/R Deduction (\$91.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GAYLE Q ADAMS
 Mailing Address 39 CANYON RIDGE DRIVE
 City State Zip Code
 SANDIA PARK NM 87047-8509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015
Transaction ID : PR2576040337170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RHONDA M MEDOWS
 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 / 2015
Transaction ID : PR2576040437170
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.65
TOTAL This Period (last page this line 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 62
(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. RESTOR JOHNSON

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
 01 / 31 / 2015
Transaction ID : PR2576051637170

Amount of Each Receipt this Period
 291.00

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

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

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
 01 / 31 / 2015
Transaction ID : PR2576060037170

Amount of Each Receipt this Period
 579.00

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

Full Name (Last, First, Middle Initial)
C. STEVEN H NELSON

Mailing Address 640 LOCUST HILLS DRIVE

City State Zip Code
 WAYZATA MN 55391-1973

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 ▼
 576.90

Date of Receipt
 01 / 31 / 2015
Transaction ID : PR2576144837170

Amount of Each Receipt this Period
 576.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1446.90

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 50 OF 62
	<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. THOMAS L ELLIOTT III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 SUGARLOAF CLUB DR
 City DULUTH State GA Zip Code 30097-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2576313337170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. DANIEL J KENIRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2577379337170
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. DEMETRIOS L 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 / 2015
Transaction ID : PR2578740437170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 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 51 OF 62
(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. LAURA CIAVOLA

Mailing Address 1686 WILDFIRE LANE

City State Zip Code
 FRISCO TX 75033-7325

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 ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : PR2578824337170

Amount of Each Receipt this Period
 576.90

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

Full Name (Last, First, Middle Initial)
B. JAY J COHEN

Mailing Address 2613 VICTORIA DR

City State Zip Code
 LAGUNA BEACH CA 92651-3948

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

Name of Employer Occupation
 Optum Services, Inc CEO Med Grp Physn

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 / 2015

Transaction ID : PR2578829637170

Amount of Each Receipt this Period
 288.45

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

Full Name (Last, First, Middle Initial)
C. LAURA A GROSCHE

Mailing Address 3872 KENNET CIRCLE

City State Zip Code
 EAGAN MN 55123-3952

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

Name of Employer Occupation
 Optum Services, Inc VP IT

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 / 2015

Transaction ID : PR2595230937170

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 52 OF 62
(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. MARIANNE D SHORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 SUMMIT AVENUE
 City SAINT PAUL State MN Zip Code 55105-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2601133537170
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. AMY N SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 SPARROW WAY
 City WADSWORTH State OH Zip Code 44281-7716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2601140737170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. WILLIAM KARL KIEFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 MAIN STREET NE #4
 City MINNEAPOLIS State MN Zip Code 55413-4502
 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 01 / 31 / 2015
Transaction ID : PR2605755637170
 Amount of Each Receipt this Period 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1211.49
TOTAL This Period (last page this line 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 53 OF 62
	<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. GLORIA AUSTIN
Full Name (Last, First, Middle Initial)

Mailing Address 1036 TERRACE HILLS DRIVE

City State Zip Code
SALT LAKE CITY UT 84103-4030

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

Name of Employer Occupation
Optum Services, Inc SVP Bus Ops

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 / 2015

Transaction ID : PR2605757437170

Amount of Each Receipt this Period
288.45

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

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

Mailing Address 99 HAGEN ROAD

City State Zip Code
NEWTON MA 02459-2731

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 ▼
346.14

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : PR2606842937170

Amount of Each Receipt this Period
346.14

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

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

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code
DAVIDSONVILLE MD 21035-1348

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

Name of Employer Occupation
United HealthCare Services Inc Pres M&V

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 / 2015

Transaction ID : PR2606845137170

Amount of Each Receipt this Period
576.90

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

SUBTOTAL of Receipts This Page (optional).....▶	1211.49
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 62
	<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. THOMAS KARL ZIESMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 ESTES PARK ROAD
 City SOUTHLAKE State TX Zip Code 76092-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2606854437170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. JAMES W EPPEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4118 SUNNYSIDE ROAD
 City EDINA State MN Zip Code 55424-1214
 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 ▼ 288.45

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2612532537170
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. PETER GROVES JACOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6203 STONEHAM LANE
 City MCLEAN State VA Zip Code 22101-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 01 / 31 / 2015
Transaction ID : PR2623707537170
 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).....▶	54611.60

**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. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street
420

City Miami State FL Zip Code 33173

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mario Diaz-Balart

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Transaction ID : 37858065

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Contribution

Candidate Name
Sen. Richard Burr

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Transaction ID : 37858066

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Contribution

Candidate Name
Sen. Richard Burr

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Transaction ID : 37858069

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. National Republican Congressional Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Mailing Address 320 First Street SE

Transaction ID : 37858070

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement Contribution

0	1
Category/Type	

Contribution

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Mailing Address 425 Second Street NE

Transaction ID : 37858096

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement Contribution

0	1
Category/Type	

Contribution

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Mailing Address 425 Second Street NE

Transaction ID : 37858098

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement Contribution

0	1
Category/Type	

Contribution

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

2	5	0	0	0	0
---	---	---	---	---	---

2	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858099

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : 37858100

Amount of Each Disbursement this Period

2500.00

Contribution

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

7500.00

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

42500.00

**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 checked="" 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. JON SEEBACH

Mailing Address 39 SAN MARINO CIRCLE

City RANCHO MIRAGE State CA Zip Code 92270-1908

Purpose of Disbursement
Refund of PAC contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37839904

Amount of Each Disbursement this Period

Refund of PAC contribution

Full Name (Last, First, Middle Initial)

B. JON SEEBACH

Mailing Address 39 SAN MARINO CIRCLE

City RANCHO MIRAGE State CA Zip Code 92270-1908

Purpose of Disbursement
Void - JON SEEBACH; check dated 1/15/2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37845842

Amount of Each Disbursement this Period

Void - JON SEEBACH; check dated 1/15/2015

Full Name (Last, First, Middle Initial)

C. JON SEEBACH

Mailing Address 39 SAN MARINO CIRCLE

City RANCHO MIRAGE State CA Zip Code 92270-1908

Purpose of Disbursement
Refund of PAC contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37845843

Amount of Each Disbursement this Period

Refund of PAC contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. David Lewis for NC House

Mailing Address PO Box 1826

City State Zip Code
Dunn NC 28335

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Rep. David Lewis

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2015

Transaction ID : 37763126

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Harry Brown for NC Senate

Mailing Address PO Box 520

City State Zip Code
Jacksonville NC 28540

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Sen. Harry Brown

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2015

Transaction ID : 37763127

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Bell Committee

Mailing Address 501 Holland Hill Dr

City State Zip Code
Goldsboro NC 27530

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Rep. John Bell IV

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2015

Transaction ID : 37763128

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3000.00

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

Use separate schedule(s)
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. Louis Pate Election Committee

Mailing Address 102 Meredith Street

City State Zip Code
Mount Olive NC 28365

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
NC Sen. Louis Milford Pate Jr.

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

Date of Disbursement

/ /

Transaction ID : 37763129

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Marilyn Avila

Mailing Address 11312 Derby Lane

City State Zip Code
Raleigh NC 27613

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
NC Rep. Marilyn W. Avila

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

Date of Disbursement

/ /

Transaction ID : 37763131

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Campaign to Elect Mike Hager

Mailing Address 342 Walking Horse Trail

City State Zip Code
Rutherfordton NC 28139

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
NC Rep. Michael Hager

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

Date of Disbursement

/ /

Transaction ID : 37763132

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Phil Berger Committee

Mailing Address PO Box 1309

City State Zip Code
Eden NC 27289-1309

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Sen. Philip Berger

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
01 / 05 / 2015

Transaction ID : 37763257

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ralph Hise for NC Senate

Mailing Address PO Box 86

City State Zip Code
Spruce Pine NC 28777

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Sen. Ralph Hise Jr.

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
01 / 05 / 2015

Transaction ID : 37763286

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Tim Moore

Mailing Address 305 E Kings St

City State Zip Code
Kings Mountain NC 28086

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

NC Rep. Timothy K. Moore

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
01 / 05 / 2015

Transaction ID : 37763287

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

6000.00

**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. Apodaca for NC Senate Committee

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

NC Sen. Tom Apodaca

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37763288

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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