

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="360509.30"/>	<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186289.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38240.84"/>	<input type="text" value="684066.37"/>
(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="224530.09"/>	<input type="text" value="1044575.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="113050.00"/>	<input type="text" value="933095.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111480.09"/>	<input type="text" value="111480.09"/>
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35436.65	559229.90
(ii) Unitemized	2804.19	119686.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38240.84	678916.37
(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)	38240.84	678916.37
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	150.00
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))..... ▶	38240.84	684066.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38240.84	684066.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	655500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	35.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	35.58
29. Other Disbursements	37550.00	277560.00
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)) ..	113050.00	933095.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113050.00	933095.58

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)	38240.84	678916.37
34. Total Contribution Refunds (from Line 28(d))	0.00	35.58
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38240.84	678880.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. KEN L HOVERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16221 SIERRA DE AVILA
 City TAMPA State FL Zip Code 33613-5222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159790935645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. DEBORAH S STREB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159794135645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. ANTHONY J KAZLAUSKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARNIVAL TERRACE
 City WEST WARWICK State RI Zip Code 02893-1985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159794635645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 234
	<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. SHARON M SWAN
Full Name (Last, First, Middle Initial)

Mailing Address 395 STEAMBOAT CROSSING

City DRIPPING SPRINGS State TX Zip Code 78620-4342

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

Name of Employer United HealthCare Services Inc Occupation PS Strat Acct Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159803235645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 10 SHADOWOOD LANE

City TRUMBULL State CT Zip Code 06611-4062

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

Name of Employer United HealthCare Services Inc Occupation E&I NA VP Sls Bus Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159803835645

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 122 SOUTH OAK POINTE DR

City SENECA State SC Zip Code 29672-6764

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159805535645

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 8 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 302 S 52ND ST

City OMAHA State NE Zip Code 68132-3544

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

Name of Employer United HealthCare Services Inc Occupation Dir Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159805935645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

B. JAMES S WATSON III
Full Name (Last, First, Middle Initial)

Mailing Address 6520 SHENANDOAH DR

City LINCOLN State NE Zip Code 68510-5159

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

Name of Employer UnitedHealthcare Legal Occupation Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159806035645

Amount of Each Receipt this Period **25.00**

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

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

Mailing Address 1022 GLENDEVON DRIVE

City AMBLER State PA Zip Code 19002-1859

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 ▼ **1260.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159812835645

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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 9 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVID S WICHMANN
Full Name (Last, First, Middle Initial)
Mailing Address 7000 ANTRIM ROAD

City EDINA	State MN	Zip Code 55439-1708
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1159814735645

Amount of Each Receipt this Period
192.30

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

B. 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 ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1159815935645

Amount of Each Receipt this Period
192.30

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

C. BRUCE E MEAD
Full Name (Last, First, Middle Initial)
Mailing Address 1232 GRAY BRANCH RD

City MCKINNEY	State TX	Zip Code 75071-6495
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation SVP SIs
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1159816135645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	394.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 234
(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. PATRICIA R SAURO
 Mailing Address 8943 HIDDEN MEADOW R
 City State Zip Code
 WOODBURY MN 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealthcare Corporate SVP UnitedHlthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1159816435645
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WILLIAM A MUNSELL
 Mailing Address 2119 WINDSONG CIRCLE
 City State Zip Code
 WAYZATA MN 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Advsr to Office of CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1159816635645
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN S PENSHORN
 Mailing Address 120 BLACK OAKS LANE
 City State Zip Code
 WAYZATA MN 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4038.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1159816935645
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealthcare Legal Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159817435645
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159819135645
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. DAVID J FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 LAWRENCE AVE
 City HIGHLAND PARK State NJ Zip Code 08904-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1159820235645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.00
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 12 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. RICHARD 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 ▼ **2100.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159827435645

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 128 ROSEBROOK DR

City FLORISSANT State MO Zip Code 63031-8633

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159828735645

Amount of Each Receipt this Period **11.54**

P/R Deduction (\$11.54 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 ▼ **4038.30**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1159830035645

Amount of Each Receipt this Period **192.30**

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

SUBTOTAL of Receipts This Page (optional).....▶	303.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN F STEVENSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 5 BARBERRY DRIVE		Transaction ID : PR1159839335645
City BURLINGTON	State CT	Zip Code 06013-1529
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 9.80	
Name of Employer UnitedHealthcare Legal	Occupation Sr Assc Gen Counsel	P/R Deduction (\$9.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.80	

Full Name (Last, First, Middle Initial) B. Mr. ANTHONY WELTERS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 919 SAIGON ROAD		Transaction ID : PR1332013235645
City MCLEAN	State VA	Zip Code 22102-2116
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 192.30	
Name of Employer United HealthCare Services Inc	Occupation Sr Advsr to Office of CEO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) C. ROBERT J BOHNENKAMP		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4925 WOODS COURT		Transaction ID : PR1551005635645
City GREENWOOD	State MN	Zip Code 55331-9291
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
Name of Employer Optum Services, Inc	Occupation Bus Segment CIO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

SUBTOTAL of Receipts This Page (optional).....▶	241.10
TOTAL This Period (last page this line 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 14 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL J BRESOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Care Advo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1551005735645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. CHRISTOPHER R HOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109-2746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1551128935645
 Amount of Each Receipt this Period 11.54
 P/R Deduction (\$11.54 Bi-Weekly)

C. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1551133435645
 Amount of Each Receipt this Period 115.38
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 146.92
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 234
	<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. ERIKA A ROGERS
Full Name (Last, First, Middle Initial)
Mailing Address 2449 GUYNN AVENUE

City CHICO	State CA	Zip Code 95926-2012
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Acct Mgr Clnt Svc
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1551160735645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. JOHN O ENDERLE
Full Name (Last, First, Middle Initial)
Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR	State CT	Zip Code 06074-2142
-----------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Regn Exec Dir
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1155.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1554323535645

Amount of Each Receipt this Period
55.00

P/R Deduction (\$55.00 Bi-Weekly)

C. CHRISTINE MCCARTNEY HARRIS
Full Name (Last, First, Middle Initial)
Mailing Address 25 JUSTIN LANE

City WETHERSFIELD	State CT	Zip Code 06109-2542
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1554323635645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 234
	(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. CATHERINE E SPILLANE
Full Name (Last, First, Middle Initial)

Mailing Address 3807 PLEASANT VALLEY DRIVE

City	State	Zip Code
MISSOURI CITY	TX	77459-4111

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

Name of Employer	Occupation
Optum Services, Inc	Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1554324635645

Amount of Each Receipt this Period

19.23

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

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

Mailing Address 15348 RED OAKS ROAD SE

City	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 ▼ **4038.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1575957635645

Amount of Each Receipt this Period

192.30

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

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

Mailing Address 3062 COMFORT ROAD

City	State	Zip Code
NEW HOPE	PA	18938-5622

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1615.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1575958135645

Amount of Each Receipt this Period

76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	288.45
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 17 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1575958535645
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

B. LAURA A CAHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 LAKE SIDE ROAD
 City MOUNT KISCO State NY Zip Code 10549-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sr Sols Sls Exec Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1580863635645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1580864735645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 234
	(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. ROBERT THOMAS WEBB
Full Name (Last, First, Middle Initial)
Mailing Address 4516 DREXEL AVENUE

City EDINA	State MN	Zip Code 55424-1130
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlth Grp
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1580865335645

Amount of Each Receipt this Period
192.30

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

B. RICHARD J HUGHES
Full Name (Last, First, Middle Initial)
Mailing Address 735 SAINT MORITZ

City VICTORIA	State MN	Zip Code 55386-3706
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital Dev
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1596304135645

Amount of Each Receipt this Period
100.00

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

C. THAD C JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 9741 GLACIER BAY

City EDEN PRAIRIE	State MN	Zip Code 55347-2615
----------------------	-------------	------------------------

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 ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1596304335645

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	392.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 234
	<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. JAY S MATUSHAK		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 5501 LAKEVIEW DRIVE		Transaction ID : PR1596304635645
City EDINA	State MN	Zip Code 55424-1528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer United HealthCare Services Inc	Occupation VP Fin	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

Full Name (Last, First, Middle Initial) B. DANIEL J SCHUMACHER		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 5401 LARADA LANE		Transaction ID : PR1596305435645
City EDINA	State MN	Zip Code 55436-1024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation Mkt Group CFO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) C. SCOTT E THEISEN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1950 MEADOWWOODS TRAIL		Transaction ID : PR1596305635645
City LONG LAKE	State MN	Zip Code 55356-9312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer Optum Services, Inc	Occupation Bus Segment CFO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional).....▶	250.53
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 234
	<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 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 ▼ **1370.19**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1596306935645

Amount of Each Receipt this Period **225.97**

P/R Deduction (\$225.97 Bi-Weekly)

B. 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 ▼ **2310.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1596307035645

Amount of Each Receipt this Period **110.00**

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

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

Mailing Address 17907 INVERNESS CURVE

City EDEN PRAIRIE State MN Zip Code 55347-2155

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR1596309335645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **349.97**

TOTAL This Period (last page this line 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 21 OF 234
(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. DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
 TAMPA FL 33618-2149

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

Name of Employer Occupation
 Optum Services, Inc Regn Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR1596309735645

Amount of Each Receipt this Period
 39.00

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

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

Mailing Address 1142 GREENBROOK DRIVE

City State Zip Code
 DANVILLE CA 94526-4306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR1596312135645

Amount of Each Receipt this Period
 11.54

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

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

Mailing Address 2964 WYSE COURT

City State Zip Code
 LEWIS CENTER OH 43035-8253

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR1596312335645

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.54

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

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

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

FOR LINE NUMBER: PAGE 22 OF 234
(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. STEVAN D GARCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 28115 BOULDER BRIDGE DRIVE
 City State Zip Code
 EXCELSIOR MN 55331-7959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2538.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1596312935645
 Amount of Each Receipt this Period
 19.23
 P/R Deduction (\$19.23 Bi-Weekly)

B. KURT A HEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 GERALD DR
 City State Zip Code
 SAINT LOUIS MO 63128-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1596313735645
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. KATHLEEN A MALLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 SOUTH 167 AVENUE
 City State Zip Code
 OMAHA NE 68135-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1596315435645
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.69
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 234
(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 C STURKEY

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code
 SUWANEE GA 30024-8576

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1596318435645

Amount of Each Receipt this Period
39.00

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

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
 CIRCLE PINES MN 55014-5488

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Prod

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1596318935645

Amount of Each Receipt this Period
11.54

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code
 BAYPORT MN 55003-1607

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

Name of Employer Occupation
 United HealthCare Services Inc VP Underwriting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1596319035645

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 234
<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. CHRIS B TURNAU		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1596319135645
Mailing Address PO BOX 43216 3741 DUNBAR KNOLL		Amount of Each Receipt this Period 10.00
City BROOKLYN PARK	State MN	Zip Code 55443-0216
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. FRANK M VIERLING		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1596319435645
Mailing Address N5021 GREENS COULEE		Amount of Each Receipt this Period 10.00
City ONALASKA	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. M LAURIE WASSERSTEIN		Date of Receipt 10 / 15 / 2014 Transaction ID : PR1596319535645
Mailing Address 92 GOODWIN CIRCLE		Amount of Each Receipt this Period 19.23
City HARTFORD	State CT	Zip Code 06105-5205
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation PS NA VP Clnt Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional).....▶	39.23
TOTAL This Period (last page this line 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 234
	<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. MYRON R WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1596319635645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. WILLIAM R WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 CLIFFORD AVENUE
 City TOLLAND State CT Zip Code 06084-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1596320035645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JOHN P DODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1600597335645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1600598535645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1600598735645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1602669935645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City 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 ▼ 2019.15

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1613243535645
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

B. WILLIAM F KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1653443135645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. STEVE R KOOREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4444 ELLSWORTH DRIVE
 City EDINA State MN Zip Code 55435-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHC International Services Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1653443235645
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	308.45
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 29 OF 234
	<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 J BELLAMY
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

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

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

Name of Employer United HealthCare Services Inc	Occupation VP Sls Ops
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1653444335645

Amount of Each Receipt this Period
57.70

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

B. ROBERT L HOLMAN
Full Name (Last, First, Middle Initial)

Mailing Address N12464 HORSESHOE BEND RD

City MINONG	State WI	Zip Code 54859-8026
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Prov Reimb
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1653445035645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 57 QUORN HUNT ROAD

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

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

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR1653445835645

Amount of Each Receipt this Period
75.15

P/R Deduction (\$75.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	142.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 234
(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. ELIZABETH DARCIE CORBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7985 LEA CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Hlth Care Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1669432235645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. ANN DESTWOLINSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4247 ROSE PETAL COURT
 City ELLICOTT CITY State MD Zip Code 21043-4973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Preservice Review
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1806441635645
 Amount of Each Receipt this Period 11.00
 P/R Deduction (\$11.00 Bi-Weekly)

C. WILLIAM TALAMANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11618 ROLLING MEADOW DR
 City GREAT FALLS State VA Zip Code 22066-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1806444735645
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 151.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143-9211

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1806750135645

Amount of Each Receipt this Period
11.54

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

B. PAUL M EMERSON
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372-3133

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

Name of Employer Optum Services, Inc Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1806750335645

Amount of Each Receipt this Period
38.46

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

C. CATHERINE K ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 57 SIMMONS LANE

City SEVERNA PARK State MD Zip Code 21146-1921

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

Name of Employer United HealthCare Services Inc Occupation VP Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR1903550735645

Amount of Each Receipt this Period
97.00

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

SUBTOTAL of Receipts This Page (optional).....▶	147.00
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 32 OF 234
	<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. KATHLEEN L BISHOP-HEROUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1903560835645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. ROBERT J DUFEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1903577135645
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. SUSAN B EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City WOODBURY State MN Zip Code 55125-9592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1903578135645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1903591135645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. STEVEN F PENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6766 IDLEWOOD WAY
 City State Zip Code
 EDEN PRAIRIE MN 55346-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1903612935645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. 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 ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR1903622035645
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7019 DONLEA LANE

City EDEN PRAIRIE State MN Zip Code 55346-3164

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1903628635645

Amount of Each Receipt this Period 14.00

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

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

Mailing Address 317 WRIGHTS MILL RD

City COVENTRY State CT Zip Code 06238-1559

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1903636935645

Amount of Each Receipt this Period 19.23

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

C. PAMELA JAMIAN
Full Name (Last, First, Middle Initial)

Mailing Address 15316 COUTOLENC RD

City MAGALIA State CA Zip Code 95954-9791

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014
Transaction ID : PR1910417435645

Amount of Each Receipt this Period 11.54

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.77

TOTAL This Period (last page this line 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 234
	<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. BRADLEY E ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA	State WI	Zip Code 54155-8632
----------------	-------------	------------------------

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

Name of Employer UnitedHealthcare Legal	Occupation Sr Assc Gen Counsel
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119466835645

Amount of Each Receipt this Period

20.00

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

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

Mailing Address 32860 SE DIVERS RD

City ESTACADA	State OR	Zip Code 97023-7507
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Clin Qlty
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119467835645

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

C. RUSSELL A BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL	State CA	Zip Code 92677-5327
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119468035645

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 234
	<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. KATHIE L BRYAN
Full Name (Last, First, Middle Initial)

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119469435645

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 26023 NORTH 53RD DRIVE

City PHOENIX State AZ Zip Code 85083-6349

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

Name of Employer United HealthCare Services Inc Occupation URS MGR CLNT MGMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119469835645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

C. COLLEEN CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 5515 W 73RD AVENUE

City WESTMINSTER State CO Zip Code 80003-3311

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119469935645

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 234
	<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 A CROSS
Full Name (Last, First, Middle Initial)
Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR	State CA	Zip Code 90720-2931
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Deputy Gen Counsel Mgr
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119471835645

Amount of Each Receipt this Period

64.00

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

B. KENNETH R DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 315 N 71ST ST

City SEATTLE	State WA	Zip Code 98103-5019
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119472535645

Amount of Each Receipt this Period

20.00

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

C. LINDA M DAYAN
Full Name (Last, First, Middle Initial)
Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH	State CA	Zip Code 90815-3023
--------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Chief of Staff
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119472635645

Amount of Each Receipt this Period

19.00

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

SUBTOTAL of Receipts This Page (optional).....▶	64.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 234
(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. TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City GREEN BAY State WI Zip Code 54313-6400

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR2119472835645

Amount of Each Receipt this Period
15.00

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

Full Name (Last, First, Middle Initial)
B. TARA M DUNGAN

Mailing Address 619 HIGH COUNTRY RIDGE

City SAN ANTONIO State TX Zip Code 78260-1829

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir, Clin Appeals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR2119473235645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115-9456

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
10 / 15 / 2014

Transaction ID : PR2119475235645

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID M HANSEN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 33 VIA CONOCIDO		Transaction ID : PR2119476735645
City SAN CLEMENTE	State CA	Zip Code 92673-7044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2835.00	

Full Name (Last, First, Middle Initial) B. ANNE P HARVEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4916 THOR WAY		Transaction ID : PR2119477235645
City CARMICHAEL	State CA	Zip Code 95608-5650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Prov Svc	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. PAULINE M HAYES		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 839		Transaction ID : PR2119477435645
City HUNTINGTON BEACH	State CA	Zip Code 92648-0839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United HealthCare Services Inc	Occupation Dir Fin	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 40 OF 234
	<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. SAMUEL W HO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4220 OCEAN DR		Transaction ID : PR2119477935645
City MANHATTAN BEACH	State CA	Zip Code 90266-3059
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 153.80	
Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3229.80	

Full Name (Last, First, Middle Initial) B. DONNA L HUSER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 406 SKYTRAIL DR		Transaction ID : PR2119478635645
City NEW BRAUNFELS	State TX	Zip Code 78130-9010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer Optum Services, Inc	Occupation Clms Bus Proc Anlyst	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. BRIAN JEFFREY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9 RIMROCK		Transaction ID : PR2119479135645
City IRVINE	State CA	Zip Code 92603-3604
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwk Mgmt	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	188.80
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 41 OF 234
	<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 D JONES
Full Name (Last, First, Middle Initial)

Mailing Address 3562 REDWOOD

City IRVINE State CA Zip Code 92606-2124

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

Name of Employer Optum Services, Inc Occupation VP Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2016.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2119479235645

Amount of Each Receipt this Period
96.00

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

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

Mailing Address 19312 FAIRHAVEN EXT

City SANTA ANA State CA Zip Code 92705-6310

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

Name of Employer Optum Services, Inc Occupation VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2119480235645

Amount of Each Receipt this Period
15.00

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

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

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313-7286

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

Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2119482235645

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 234
	<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. HEATHER M MACE-MEADOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119482535645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY S MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 SHEMIRAN ST
 City LA VERNE State CA Zip Code 91750-2380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119483035645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CAROLYN L MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 WOODTACK COVE WAY
 City HENDERSON State NV Zip Code 89002-8294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation SB Dir Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119484835645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT A NEURURER
 Full Name (Last, First, Middle Initial)
 Mailing Address 23822 VIA MONTE
 City COTO DE CAZA State CA Zip Code 92679-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.39

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119484935645
 Amount of Each Receipt this Period 23.13
 P/R Deduction (\$23.13 Bi-Weekly)

B. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119485035645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119485235645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.13
TOTAL This Period (last page this line 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 234
	<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 H OLSON
Full Name (Last, First, Middle Initial)
Mailing Address 1825 GALINDO AVE APT 416

City CONCORD	State CA	Zip Code 94520-2696
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119485335645

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. LYNDA A PAXSON
Full Name (Last, First, Middle Initial)
Mailing Address 3924 E GARNET PL

City HIGHLANDS RANCH	State CO	Zip Code 80126-5044
-------------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Field Acct Mgr
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119485835645

Amount of Each Receipt this Period

25.00

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

C. DIANA S PETE
Full Name (Last, First, Middle Initial)
Mailing Address 9010 MORNINGSTAR DRIVE

City SUGAR LAND	State TX	Zip Code 77479-3316
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Utilization Mgmt
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119486335645

Amount of Each Receipt this Period

12.00

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

SUBTOTAL of Receipts This Page (optional).....▶	47.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 234
	<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. MICHELLE LYNN PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1128 COUNTRYSIDE DR
 City DE PERE State WI Zip Code 54115-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119486435645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. AUSTIN T PITTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 LOCH RIDGE DRIVE
 City GREENSBORO State NC Zip Code 27408-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2835.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119486735645
 Amount of Each Receipt this Period 135.00
 P/R Deduction (\$135.00 Bi-Weekly)

C. CYNTHIA L POLICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 E VIA PALOMITA
 City TUCSON State AZ Zip Code 85718-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2119486835645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 234
	<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 E PROCHNOW
Full Name (Last, First, Middle Initial)

Mailing Address 143 RUSTIC OAK DRIVE

City LUXEMBURG State WI Zip Code 54217-7320

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

Name of Employer United HealthCare Services Inc Occupation Dir Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119487235645

Amount of Each Receipt this Period **14.00**

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

B. DEBBIE E ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 413 DOE RUN RD

City SEQUIM State WA Zip Code 98382-4704

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119488635645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

C. CAROL A SCACCIA
Full Name (Last, First, Middle Initial)

Mailing Address 14848 LANDERWOOD DR

City EASTVALE State CA Zip Code 92880-3992

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

Name of Employer United HealthCare Services Inc Occupation Bus Dvlp Ana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119489335645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **34.00**

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

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

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

FOR LINE NUMBER: PAGE 47 OF 234
(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. MARTIN SING

Mailing Address 9407 LLANO VERDE

City State Zip Code
 HELOTES TX 78023-4156

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Cust Service

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119490135645

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RONALD R STETTLER

Mailing Address 6028 SCOTMIST DR

City State Zip Code
 RANCHO PALOS VERDES CA 90275-3349

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

Name of Employer Occupation
 United HealthCare Services Inc VP Hlthcare Econ

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119490435645

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City State Zip Code
 CARLSBAD CA 92011-4076

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119490735645

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 234
	(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. CHERYL TANIGAWA MD
Full Name (Last, First, Middle Initial)
Mailing Address 5598 NAPLES CANAL

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119491135645

Amount of Each Receipt this Period

96.15

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

B. CHERYL A THOMSON
Full Name (Last, First, Middle Initial)
Mailing Address 222 FOREST DR

City SOBIESKI	State WI	Zip Code 54171-9748
------------------	-------------	------------------------

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

Name of Employer UnitedHealthcare Legal	Occupation Dir Compli
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119491635645

Amount of Each Receipt this Period

15.00

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

C. STEVEN M TUCKER
Full Name (Last, First, Middle Initial)
Mailing Address 12331 COUNTRY LANE

City SANTA ANA	State CA	Zip Code 92705-3330
-------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP Regl Affs
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2016.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2119492035645

Amount of Each Receipt this Period

96.00

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

SUBTOTAL of Receipts This Page (optional).....▶	207.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address N2249 NICOLE COURT

City KAUKAUNA State WI Zip Code 54130-9462

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

Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119492635645

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 4536 ROCKY RUN LN

City OCONTO State WI Zip Code 54153-9268

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119493235645

Amount of Each Receipt this Period **11.54**

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

C. LINDA D DAUGHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 15442 NORTH 19TH WAY

City PHOENIX State AZ Zip Code 85022-3329

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

Name of Employer UnitedHealthcare Legal Occupation Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2119493535645

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **71.54**

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

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

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

FOR LINE NUMBER: PAGE 50 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City State Zip Code
 SANTA ANA CA 92705-2649

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

Name of Employer Occupation
 United HealthCare Services Inc Regn Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119494135645

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 36296 N 98TH WAY

City State Zip Code
 SCOTTSDALE AZ 85262-3138

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

Name of Employer Occupation
 United HealthCare Services Inc Regn Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119494435645

Amount of Each Receipt this Period
15.00

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

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

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code
 PARKER CO 80138-3064

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

Name of Employer Occupation
 UnitedHealth Group, Inc. SB Acct Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2119494535645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **50.00**

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 51 OF 234
	<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. JOHN TYLER J MASON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 2083		Transaction ID : PR2126373835645
City CYPRESS	State CA	Zip Code 90630-1583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer United HealthCare Services Inc	Occupation VP Comm	P/R Deduction (\$500.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. FORREST G BURKE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 380 LEAF STREET		Transaction ID : PR2133132435645
City ORONO	State MN	Zip Code 55356-9733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United HealthCare Services Inc	Occupation Pres PS Labor Trust	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. WILLIAM R COLEMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 831 RATLEY ROAD		Transaction ID : PR2133132535645
City WEST SUFFIELD	State CT	Zip Code 06093-2400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer Optum Services, Inc	Occupation Dir Clms	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional).....▶	612.00
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 52 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105-1539

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

Name of Employer Optum Services, Inc Occupation Dir Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2133132635645

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401-2452

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1838.91**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2133133235645

Amount of Each Receipt this Period **132.21**

P/R Deduction (\$132.21 Bi-Weekly)

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

Mailing Address 6209 CRESCENT DRIVE

City EDINA State MN Zip Code 55436-2530

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

Name of Employer Optum Services, Inc Occupation Regn Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2133133635645

Amount of Each Receipt this Period **35.00**

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

SUBTOTAL of Receipts This Page (optional)..... **182.21**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 234
	<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. SUSAN C MORISATO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 238 ARDMORE ROAD		Transaction ID : PR2133133835645
City DES PLAINES	State IL	Zip Code 60016-2119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.00
Name of Employer United HealthCare Services Inc	Occupation Pres Insurance Sols	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4053.00	

Full Name (Last, First, Middle Initial) B. KIMBERLY ALLENE NETTLETON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 5003 DARNELL		Transaction ID : PR2133133935645
City HOUSTON	State TX	Zip Code 77096-1510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer United HealthCare Services Inc	Occupation Dir Prod	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. T JEFFREY PUTNAM		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 303 ELMWOOD PLACE WEST		Transaction ID : PR2133134235645
City MINNEAPOLIS	State MN	Zip Code 55419-1349
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation SVP Fin Plng Anlys	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional).....▶	400.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 234
	<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. DIANE M SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City KINGWOOD State TX Zip Code 77339-3124
 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 ▼ 525.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2133134635645
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. ANITA W SHIELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7729 KENSINGTON MANOR LANE
 City WAKE FOREST State NC Zip Code 27587-3909
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2133134735645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DANIEL M COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9790 FOXWORTH DRIVE
 City JOHNS CREEK State GA Zip Code 30022-6259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation UHC SIs RVP KA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2145728335645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 234
(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. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City WESTERVILLE State OH Zip Code 43082-8304
 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 ▼ **807.66**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2145728435645
 Amount of Each Receipt this Period **38.46**
 P/R Deduction (\$38.46 Bi-Weekly)

B. WILLIAM Y MICKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 DURANGO COURT
 City ALISO VIEJO State CA Zip Code 92656-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2145729135645
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

C. WAYNE MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19521 SIERRA SOTO RD
 City IRVINE State CA Zip Code 92603-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Clint Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2145729235645
 Amount of Each Receipt this Period **20.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **68.46**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 56 OF 234
(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. LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code
 AUSTIN TX 78737-9358

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2145729535645

Amount of Each Receipt this Period
 15.00

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

Full Name (Last, First, Middle Initial)
B. 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 ▼
 4053.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2145729935645

Amount of Each Receipt this Period
 193.00

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

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

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code
 LAND O LAKES FL 34638-8328

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 242.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2145730035645

Amount of Each Receipt this Period
 11.54

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.54

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

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

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

FOR LINE NUMBER: PAGE 57 OF 234
(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. MARGARET W SPARKS

Mailing Address 26091 RED CORRAL ROAD

City State Zip Code
 LAGUNA HILLS CA 92653-6310

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

Name of Employer Occupation
 Optum Services, Inc VP Actuary

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2145730235645

Amount of Each Receipt this Period
 50.00

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

Full Name (Last, First, Middle Initial)
B. MARYNELL F BENSON

Mailing Address 222 IRON WORKS WAY

City State Zip Code
 WAYNE PA 19087-4213

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

Name of Employer Occupation
 Optum Services, Inc Exec Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2162866935645

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
 IRVINE CA 92603-0212

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

Name of Employer Occupation
 Optum Services, Inc SVP Bus Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4038.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2162867635645

Amount of Each Receipt this Period
 192.30

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 961 RIVER FOREST DRIVE

City MAINEVILLE State OH Zip Code 45039-7720

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2203967535645

Amount of Each Receipt this Period 11.54

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

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

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer Optum Services, Inc Occupation VP Strat Initiv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2225166735645

Amount of Each Receipt this Period 115.38

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

C. JEAN-FRANCOIS BEAULE
Full Name (Last, First, Middle Initial)

Mailing Address 7 STRATFORD RD

City FARMINGTON State CT Zip Code 06032-1444

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

Name of Employer United HealthCare Services Inc Occupation SVP Hlth Advancement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2225813635645

Amount of Each Receipt this Period 57.70

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

SUBTOTAL of Receipts This Page (optional).....▶ 184.62

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

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

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

FOR LINE NUMBER: PAGE 59 OF 234
(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. NANCY SUSAN CARRUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 26TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55441-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2225818435645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. MICHAEL MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 DRURY LANE
 City WYCKOFF State NJ Zip Code 07481-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.14

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2225818835645
 Amount of Each Receipt this Period 88.57
 P/R Deduction (\$88.57 Bi-Weekly)

C. 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 ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2225819335645
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.87
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 234
	<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 D RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2225819635645

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 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 ▼ **1615.32**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2225819735645

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 12642 CHIEFS COURT

City FISHERS State IN Zip Code 46037-9553

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2231346935645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **129.38**

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

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

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

FOR LINE NUMBER: PAGE 61 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KAREN A DIPALMO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7533 PRAIRIE VIEW DR
 City INDIANAPOLIS State IN Zip Code 46256-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2231347235645
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 ▼ 1680.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2231352335645
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$80.00 Bi-Weekly)

C. 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2247625835645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City State Zip Code
 WHITE PLAINS NY 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1211.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2247626835645
 Amount of Each Receipt this Period
 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

B. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City State Zip Code
 MINNETRISTA MN 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2247627035645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City State Zip Code
 COS COB CT 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2247627335645
 Amount of Each Receipt this Period
 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2247627435645
 Amount of Each Receipt this Period 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

B. SANJAY GARODIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 MIDDAUGH
 City CLARENDON HILLS State IL Zip Code 60514-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2247627835645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. DANIEL L OHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8970 MOOR PARK RUN
 City DULUTH State GA Zip Code 30097-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2247628035645
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	192.31
TOTAL This Period (last page this line 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 64 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFREY J CRUMBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 12946 SNOW LAKE DR
 City FRISCO State TX Zip Code 75035-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation M R Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2259635235645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOHN M PRINCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2259738435645
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CHRISTOPHER L CRONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W 38TH APT 9101
 City AUSTIN State TX Zip Code 78705-1199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2270522935645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 149.46
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 234
	<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. CAROLE D CURRY
Full Name (Last, First, Middle Initial)
Mailing Address 411 FLEECE FLOWER DRIVE

City GAITHERSBURG	State MD	Zip Code 20878-2646
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2402315735645

Amount of Each Receipt this Period

14.00

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

B. MJ FRASCINO
Full Name (Last, First, Middle Initial)
Mailing Address 7 PIONEER DRIVE

City ELLINGTON	State CT	Zip Code 06029-3221
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2402316535645

Amount of Each Receipt this Period

14.00

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

C. DONALD D JACOBS
Full Name (Last, First, Middle Initial)
Mailing Address 19495 VINE RIDGE ROAD

City EXCELSIOR	State MN	Zip Code 55331-9173
-------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Sr Proj Mgr II
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2402317335645

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ANGELA DAWN KEPLEY CARRIER
 Mailing Address 3219 PENINSULA DRIVE
 City State Zip Code
 JAMESTOWN NC 27282-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402317735645
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARILYN LEVI-BAUMGARTEN
 Mailing Address 4800 W 27TH ST
 City State Zip Code
 SAINT LOUIS PARK MN 55416-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402317935645
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
 1914.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402318235645
 Amount of Each Receipt this Period
 117.10
 P/R Deduction (\$117.10 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.10
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARIA MCCAULEY
Full Name (Last, First, Middle Initial)

Mailing Address 7511 4TH AVENUE DRIVE NW

City BRADENTON State FL Zip Code 34209-7219

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

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2402318435645

Amount of Each Receipt this Period **20.00**

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

B. STACY S MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 5801 CHOWEN AVE S

City EDINA State MN Zip Code 55410-2759

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

Name of Employer Optum Services, Inc Occupation Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2402318535645

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 2619 S KIHEI RD #B511

City KIHEI State HI Zip Code 96753-6217

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

Name of Employer Optum Services, Inc Occupation VP Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2402318735645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 234
(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. ANDREA MORRISON DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 LAKESHIRE COURT
 City State Zip Code
 OWINGS MILLS MD 21117-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Acct Mgt Cons Clnt Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402318935645
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. LYNN A ZEPP JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 22503 MAGNOLIA TRACE BOULEVARD
 City State Zip Code
 LUTZ FL 33549-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402320935645
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. SHELLEY WIKE CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City State Zip Code
 LAS VEGAS NV 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealthcare Legal Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2402444435645
 Amount of Each Receipt this Period
 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 11688 TANGLEWOOD DRIVE

City EDEN PRAIRIE State MN Zip Code 55347-4726

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4053.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2402445635645

Amount of Each Receipt this Period
193.00

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

B. JOY O HIGA
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City MANHATTAN BEACH State CA Zip Code 90266-2809

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2402446235645

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-5234

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

Name of Employer United HealthCare Services Inc Occupation EVP External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2405428835645

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional).....▶	415.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 495 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2405431135645

Amount of Each Receipt this Period
 97.00

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

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

Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK State AZ Zip Code 85340-4424

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2408544835645

Amount of Each Receipt this Period
 20.00

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

C. KATHLYN G WEE
Full Name (Last, First, Middle Initial)

Mailing Address 2225 46TH ST NW

City WASHINGTON State DC Zip Code 20007-1032

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

Name of Employer Optum Services, Inc Occupation SVP State Sis OptumI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2408545035645

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	137.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GAIL KOZIARA BOUDREAUX
Full Name (Last, First, Middle Initial)
Mailing Address 841 HOLDEN COURT
City LAKE FOREST State IL Zip Code 60045-4913
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **4038.51**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2437119535645
Amount of Each Receipt this Period **192.31**
P/R Deduction (\$192.31 Bi-Weekly)

B. JEFFREY SEAN CORZINE
Full Name (Last, First, Middle Initial)
Mailing Address 7649 EARLINGTON PARKWAY
City DUBLIN State OH Zip Code 43017-3424
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2437119735645
Amount of Each Receipt this Period **20.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. ANA T FUENTEVILLA
Full Name (Last, First, Middle Initial)
Mailing Address 41 W 2ND STREET
City TUCSON State AZ Zip Code 85705-7760
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2437119835645
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **222.31**
TOTAL This Period (last page this line 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 73 OF 234
	(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. WILLIAM A HAGAN

Mailing Address **6536 E GREYTHORN DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85266-6761**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2437120035645

Amount of Each Receipt this Period

38.46

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

Full Name (Last, First, Middle Initial)
B. RITA FAYE JOHNSON-MILLS

Mailing Address **9727 SKY LANE**

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2437120135645

Amount of Each Receipt this Period

15.00

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

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

Mailing Address **841 LAKE ROAD**

City **BRADFORDWOODS** State **PA** Zip Code **15015-1331**

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

Name of Employer **Optum Services, Inc** Occupation **Deputy Gen Counsel**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2437120435645

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	63.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 74 OF 234
(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. JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City State Zip Code
 SCOTTSDALE AZ 85250-4621

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

Name of Employer Occupation
 United HealthCare Services Inc Bus Seg Chief Med Off

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2437120535645

Amount of Each Receipt this Period
 25.00

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

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

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443-1754

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

Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2437120735645

Amount of Each Receipt this Period
 60.00

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

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
 WOODBURY MN 55129-4282

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

Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2437121535645

Amount of Each Receipt this Period
 39.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 234
	<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 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 ▼ 4004.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2437121635645
 Amount of Each Receipt this Period 199.20
 P/R Deduction (\$199.20 Bi-Weekly)

B. PETER W RAINEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3115 WEST 47 STREET
 City MINNEAPOLIS State MN Zip Code 55410-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2415.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2437127535645
 Amount of Each Receipt this Period 115.00
 P/R Deduction (\$115.00 Bi-Weekly)

C. ROBIN E LIPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 522 4 STREET SOUTH EAST
 City WASHINGTON State DC Zip Code 20003-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2439928035645
 Amount of Each Receipt this Period 192.31
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 506.51
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 234
	<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. STEPHEN M HEYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 SHERRILL AVENUE
 City State Zip Code
 CHEVY CHASE MD 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2444265735645
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DONALD S LANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 OAK RAMBLING DRIVE
 City State Zip Code
 KATY TX 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Plan Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2445015435645
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. NANCY A LIND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 NORTHVIEW LANE
 City State Zip Code
 CEDAR FALLS IA 50613-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2445016235645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 234
	<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. AMY R ADLINGTON SHKABERIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4428 XERXES AVENUE S
 City State Zip Code
 MINNEAPOLIS MN 55410-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2445016435645
 Amount of Each Receipt this Period
 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

B. LILLI ANN HIRSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 DEVIN LANE
 City State Zip Code
 SHAKOPEE MN 55379-7029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2445016735645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LENYS M ALCOREZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 SANTA FE COURT
 City State Zip Code
 VIRGINIA BEACH VA 23456-6744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Sls Mktg C S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2445016835645
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK J DUHAIME		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 5781 RUBY DRIVE		Transaction ID : PR2445016935645
City TROY	State MI	Zip Code 48085-3922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.15
Name of Employer Optum Services, Inc	Occupation Mkt Grp CIO	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2019.15	

Full Name (Last, First, Middle Initial) B. DAVID B SIEGEL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 264 LAKEWOOD DRIVE		Transaction ID : PR2445017135645
City BLOOMFIELD HILLS	State MI	Zip Code 48304-3531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.63
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$45.63 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.23	

Full Name (Last, First, Middle Initial) C. EILEEN J LIVERANI		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 100 BOSTOCK ROAD		Transaction ID : PR2460167235645
City SHOKAN	State NY	Zip Code 12481-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.70
Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service	P/R Deduction (\$27.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.70	

SUBTOTAL of Receipts This Page (optional).....▶	169.48
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:	PAGE 79 OF 234
	(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. DANIEL KRAJNOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

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 ▼ **420.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2460167335645

Amount of Each Receipt this Period **20.00**

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

B. JUNE THIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 6245 WAKEFIELD COURT

City SHAKOPEE State MN Zip Code 55379-7091

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

Name of Employer United HealthCare Services Inc Occupation SVP Human Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **289.80**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2460167535645

Amount of Each Receipt this Period **13.80**

P/R Deduction (\$13.80 Bi-Weekly)

C. LARRY C RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

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

Name of Employer Optum Services, Inc Occupation EVP UHG CEO Optum

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2460168135645

Amount of Each Receipt this Period **192.30**

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

SUBTOTAL of Receipts This Page (optional)..... **226.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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 ▼
2019.15

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2460168235645

Amount of Each Receipt this Period
96.15

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

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

Mailing Address 7220 WILLOW OAK DR

City State Zip Code
WEST BLOOMFIELD MI 48324-3081

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2463723135645

Amount of Each Receipt this Period
32.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. 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 ▼
3885.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2480620535645

Amount of Each Receipt this Period
195.00

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

SUBTOTAL of Receipts This Page (optional).....▶	323.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER MARK ABBOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address W154N6076 HICKORY HOLLOW CT
 City State Zip Code
 MENOMONEE FALLS WI 53051-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2484541535645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LILLIAN R HECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 DEER LAKE CIRCLE
 City State Zip Code
 BLUE BELL PA 19422-1371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Proj Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2484542135645
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. MARK A PHILLIPS
 Full Name (Last, First, Middle Initial)
 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 Sls
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2484542635645
 Amount of Each Receipt this Period
 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	140.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 234
	<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 R TROPEANO
Full Name (Last, First, Middle Initial)

Mailing Address 270 RAVENSCLIFF RD

City SAINT DAVIDS State PA Zip Code 19087-4732

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 ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2484542835645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255-3932

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2486697835645

Amount of Each Receipt this Period **192.30**

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

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

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-5258

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2486697935645

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional)..... **242.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 234
	<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. LEANNE E SCHEIBER
Full Name (Last, First, Middle Initial)

Mailing Address 1008 LEXINGTON AVE N

City NEW PRAGUE State MN Zip Code 56071-2027

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2486698135645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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 ▼ **2100.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2491457035645

Amount of Each Receipt this Period **100.00**

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

C. DONALD H NATHAN
Full Name (Last, First, Middle Initial)

Mailing Address 275 GREENWICH STREET #30

City NEW YORK State NY Zip Code 10007-2150

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3529.32**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2491457335645

Amount of Each Receipt this Period **294.11**

P/R Deduction (\$294.11 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **404.11**

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 84 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KATHRYN 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 ▼
2037.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2491457535645

Amount of Each Receipt this Period
97.00

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

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

Mailing Address 4313 MORNINGSIDE ROAD

City EDINA	State MN	Zip Code 55416-5031
---------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2538641335645

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

C. MARTIN C TOOMB
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801-1605
---------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2538641535645

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2612.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2540175335645
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

B. HYLLIUS R EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44246
 City DENVER State CO Zip Code 80201-4246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2541300435645
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 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 ▼ 2009.15

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2541300635645
 Amount of Each Receipt this Period 98.15
 P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	340.45
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 86 OF 234
	<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. JOELLE M TIERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 5710 TAYCHOPERA RD

City MADISON State WI Zip Code 53705-1020

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 ▼ **782.80**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2541300735645

Amount of Each Receipt this Period **38.44**

P/R Deduction (\$38.44 Bi-Weekly)

B. 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 ▼ **2019.36**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2541300835645

Amount of Each Receipt this Period **96.16**

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

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W WINNEMAC AVE

City CHICAGO State IL Zip Code 60625-1817

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2542541935645

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional)..... **164.60**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2542542235645

Amount of Each Receipt this Period 50.00

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

B. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2542542335645

Amount of Each Receipt this Period 30.00

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

C. ANNE YAU
Full Name (Last, First, Middle Initial)

Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING State MD Zip Code 20902-4047

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2543582535645

Amount of Each Receipt this Period 15.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CHANTA G COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4229 SUMMERTREE DRIVE
 City TALLAHASSEE State FL Zip Code 32311-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552313535645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

B. JEANNE M PACE
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 MORENO ROAD
 City WYNNEWOOD State PA Zip Code 19096-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552313735645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. 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 ▼ 3605.79

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552960235645
 Amount of Each Receipt this Period 278.83
 P/R Deduction (\$278.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	356.29
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 234
	<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 A BLOCHER
Full Name (Last, First, Middle Initial)
Mailing Address 78 PATTI LYNN LANE
City HOUSTON State TX Zip Code 77024-7120
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Assc Behvrl Med Dir
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2552960735645
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

B. KEVIN BROOKS
Full Name (Last, First, Middle Initial)
Mailing Address 2750 FOUNTAIN LANE NORTH
City PLYMOUTH State MN Zip Code 55447-1705
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Dir Mktg
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2552961035645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

C. MARK A BRUNELL
Full Name (Last, First, Middle Initial)
Mailing Address 20 VERMILION CLIFFS
City ALISO VIEJO State CA Zip Code 92656-8096
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Dir Clint Svc Acct Mgt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2552961235645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **38.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 234
	(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. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11700 ARBORHILL DRIVE
 City ZIONSVILLE State IN Zip Code 46077-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552961335645
 Amount of Each Receipt this Period 35.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. MICHAEL T COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 LACEBARK PINE STREET
 City LAS VEGAS State NV Zip Code 89129-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Medical Assoc. Inc. Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552961435645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MICHAEL A EHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552962235645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.00
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 91 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552962335645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WILLIAM W GWINN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9302 CENTURY OAK COURT
 City BRENTWOOD State TN Zip Code 37027-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Proj Rsch Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552962635645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552962735645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.04
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 234
	<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. OREN J HERMEL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 7705 WALDEN BLVD		Transaction ID : PR2552962835645
City WAUSAU State WI Zip Code 54401-9006	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.00
Name of Employer Optum Services, Inc Occupation VP IT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$14.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 294.00		

Full Name (Last, First, Middle Initial) B. GREGORY J JAMES		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 2323 KINGS POINT DRIVE		Transaction ID : PR2552963235645
City LARGO State FL Zip Code 33774-1009	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 126.41
Name of Employer Optum Services, Inc Occupation Sr Med Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$126.41 Bi-Weekly)
Aggregate Year-to-Date ▼ 1867.92		

Full Name (Last, First, Middle Initial) C. BRADLEY C JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 6705 SOUTHCREST DRIVE		Transaction ID : PR2552963435645
City EDINA State MN Zip Code 55435-1549	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$14.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 294.00		

SUBTOTAL of Receipts This Page (optional).....▶	154.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 234
	(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. NARASIMHAN KIDAMBI		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 18477 85TH AVE N		Transaction ID : PR2552963835645
City MAPLE GROVE	State MN	Zip Code 55311-1663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Bus Anlys	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. KENNETH G LANTER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 140 WILLING WAY		Transaction ID : PR2552964035645
City TROY	State IL	Zip Code 62294-1287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United HealthCare Services Inc	Occupation KA Dir Sls Producing	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. JOHN H LOVELADY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 6268 ORCHARD PARK		Transaction ID : PR2552964235645
City FRISCO	State TX	Zip Code 75034-5126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.15
Name of Employer United HealthCare Services Inc	Occupation Regn Pres	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2019.15	

SUBTOTAL of Receipts This Page (optional).....▶	126.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 234
	<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. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552964435645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MICHELLE MARTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203-5502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552964735645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARL A MATTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 539 ROUTE 9P
 City SARATOGA SPRINGS State NY Zip Code 12866-7279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2552964835645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 42.00
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 95 OF 234
	<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. REBECCA BALLARD MCCABE
Full Name (Last, First, Middle Initial)

Mailing Address 111 CONNORS CIRCLE

City CARY	State NC	Zip Code 27511-6693
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA Sr Acct Exe
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2552964935645

Amount of Each Receipt this Period

14.00

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

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

Mailing Address 2624 N HARTLAND COURT

City CHICAGO	State IL	Zip Code 60614-4955
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2552965035645

Amount of Each Receipt this Period

20.62

P/R Deduction (\$20.62 Bi-Weekly)

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

Mailing Address 305 E TUCKEY LN

City PHOENIX	State AZ	Zip Code 85012-1048
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2552965235645

Amount of Each Receipt this Period

14.00

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

SUBTOTAL of Receipts This Page (optional).....	48.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 234
	(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. GARY W PEKA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 8350 CRABAPPLE COURT		Transaction ID : PR2552965335645
City VICTORIA	State MN	Zip Code 55386-8200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer Optum Services, Inc	Occupation Six Sigma Cnslt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. DONALD W POTTER JR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 116 FULLER LANE		Transaction ID : PR2552965435645
City WINNETKA	State IL	Zip Code 60093-4213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation NA VP Clnt Relationship	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. KRISTINE G SAMSEL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 91 WAVERLY RD		Transaction ID : PR2552965735645
City HUNTINGTON	State CT	Zip Code 06484-5835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 234
	<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. BARRY R STREIT
Full Name (Last, First, Middle Initial)

Mailing Address 5421 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1604

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

Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2552966735645

Amount of Each Receipt this Period **39.00**

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

B. ANN R TINKER
Full Name (Last, First, Middle Initial)

Mailing Address 530 HUNTER FLAT STREET

City LAS VEGAS State NV Zip Code 89138-1110

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Compli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2552966835645

Amount of Each Receipt this Period **14.00**

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

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

Mailing Address 534 WAYZATA BLVD E

City WAYZATA State MN Zip Code 55391-1727

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

Name of Employer United HealthCare Services Inc Occupation VP Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2552966935645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **67.00**

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

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

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

FOR LINE NUMBER: PAGE 98 OF 234
(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. AARON C WACKER

Mailing Address 4704 CAVAN ROAD

City MOUND State MN Zip Code 55364-1877

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

Name of Employer Optum Services, Inc Occupation Dir Apps Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR2552967035645

Amount of Each Receipt this Period
14.00

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

Full Name (Last, First, Middle Initial)
B. GRETTA R WOODINGTON

Mailing Address 10555 GARDEN ROSE DRIVE

City LAS VEGAS State NV Zip Code 89135-2836

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

Name of Employer Optum Services, Inc Occupation Pharmc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR2552967235645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SCOTT A NAASZ

Mailing Address 14327 BLUEBIRD TRAIL NE

City PRIOR LAKE State MN Zip Code 55372-1204

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

Name of Employer United HealthCare Services Inc Occupation VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 10 / 15 / 2014
Transaction ID : PR2553474735645

Amount of Each Receipt this Period
14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **38.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 234
	<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. MONICA L RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061-1084

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

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2553475135645

Amount of Each Receipt this Period **39.00**

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

B. ANDREW J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROSEWOOD DRIVE

City ATLANTA State GA Zip Code 30306-3554

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

Name of Employer Optum Services, Inc Occupation Bus Adv/Tech Cnslt Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2553475335645

Amount of Each Receipt this Period **14.00**

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

C. 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 ▼ **2037.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2553475435645

Amount of Each Receipt this Period **97.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 234
	(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. DENEEN VOJTA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 5201 KELLOGG AVENUE		Transaction ID : PR2553475535645
City EDINA	State MN	Zip Code 55424-1304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.00
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiv Clin Aff	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4053.00	

Full Name (Last, First, Middle Initial) B. DANIEL J ZERFA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 61234 ADMIRAL DRIVE		Transaction ID : PR2553475735645
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer Optum Services, Inc	Occupation VP Info Tech	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. COLLEEN C COHAN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 17402 SAINT THERESA DRIVE		Transaction ID : PR2554012735645
City OLNEY	State MD	Zip Code 20832-2547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....▶	221.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 234
	(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. SHELLY A ESPINOSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4060 WHITE OAK LANE
 City EXCELSIOR State MN Zip Code 55331-7753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Found/Social Resp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2554012935645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2554013035645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. PATRICK J MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2554013135645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 234
	<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 W MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 10733 TAVISTOCK DRIVE

City TAMPA State FL Zip Code 33626-1718

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

Name of Employer Optum Services, Inc Occupation Sls Dir Care Mgmt & Del

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2554013235645

Amount of Each Receipt this Period **14.00**

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

B. GREGORY D REIDY
Full Name (Last, First, Middle Initial)

Mailing Address 5251 MCGAVOCK RD

City BRENTWOOD State TN Zip Code 37027-5197

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 ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2554013335645

Amount of Each Receipt this Period **14.00**

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

C. ALICE C FERREIRA
Full Name (Last, First, Middle Initial)

Mailing Address 18 BRITTANY AVENUE

City TRUMBULL State CT Zip Code 06611-1105

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

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.70**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2554208135645

Amount of Each Receipt this Period **66.67**

P/R Deduction (\$66.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **94.67**

TOTAL This Period (last page this line 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 103 OF 234
	<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. ASIR U AHMAD

Mailing Address 1935 HILLWOOD DRIVE

City BLOOMFIELD HILLS State MI Zip Code 48304-2420

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2560064035645

Amount of Each Receipt this Period **14.00**

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

Full Name (Last, First, Middle Initial)
B. JOY L ALEXANDER

Mailing Address 5116 NORTH TIOGA WAY

City LAS VEGAS State NV Zip Code 89149-5830

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

Name of Employer Health Plan of Nevada Occupation Assc Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2560064135645

Amount of Each Receipt this Period **14.00**

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

Full Name (Last, First, Middle Initial)
C. JIM L BENNETT

Mailing Address 3724 PINE TIP ROAD

City TALLAHASSEE State FL Zip Code 32312-1016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2560064235645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **42.00**

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 104 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560064435645

Amount of Each Receipt this Period
 97.00

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

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

Mailing Address 6970 SUZANNE COURT

City SCHENECTADY State NY Zip Code 12303-5285

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560064535645

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

C. PAULA A GAZELEY
Full Name (Last, First, Middle Initial)

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL State NY Zip Code 12198-8018

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

Name of Employer Optum Services, Inc Occupation VP Regn Pharm Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560064835645

Amount of Each Receipt this Period
 14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 234
	<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. 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 ▼ 4053.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2560064935645
 Amount of Each Receipt this Period 193.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. 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 Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1809.70

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2560065135645
 Amount of Each Receipt this Period 138.07
 P/R Deduction (\$138.07 Bi-Weekly)

C. 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 ▼ 2037.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2560065435645
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	428.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 OF 234
	(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. JEFFREY D LUCHT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 33 FOUR SEASONS DRIVE		Transaction ID : PR2560065635645
City ALTON	State NH	Zip Code 03809-4872
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 97.00
Name of Employer United HealthCare Services Inc	Occupation SVP Act Underwriting	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.00	

Full Name (Last, First, Middle Initial) B. KEVIN MICHAEL MARONEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 5052 NORMAN DRIVE		Transaction ID : PR2560065735645
City MINNETONKA	State MN	Zip Code 55345-4636
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. DONALD G MELNYK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 141 MONROE STREET		Transaction ID : PR2560065935645
City GARFIELD	State NJ	Zip Code 07026-1825
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 21.47
Name of Employer Optum Services, Inc	Occupation Sr IT Architecture Cnslt	P/R Deduction (\$21.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.64	

SUBTOTAL of Receipts This Page (optional).....▶	132.47
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 234
(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 MILICH

Mailing Address 2702 BIRCHMERE COURT

City State Zip Code
KATY TX 77450-1303

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2560066035645

Amount of Each Receipt this Period
39.00

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

Full Name (Last, First, Middle Initial)
B. WILLIAM B O'BRYANT

Mailing Address 22191 WESTCLIFF

City State Zip Code
MISSION VIEJO CA 92692-4310

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

Name of Employer Occupation
Optum Services, Inc Sr Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2560066135645

Amount of Each Receipt this Period
14.00

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

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

Mailing Address 3161 EMERALD VALLEY ROAD

City State Zip Code
ELLCOTT CITY MD 21042-1013

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2560066235645

Amount of Each Receipt this Period
14.00

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

SUBTOTAL of Receipts This Page (optional)..... ► **67.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 234
	<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. DONALD G ROWE
Full Name (Last, First, Middle Initial)
Mailing Address 5 LANTERN LANE

City MAYNARD	State MA	Zip Code 01754-2171
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA Dir of AM producing
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560066535645

Amount of Each Receipt this Period
14.00

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

B. DENISE VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 35 CLEVELAND AVENUE

City SAYVILLE	State NY	Zip Code 11782-1322
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560066835645

Amount of Each Receipt this Period
14.00

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

C. DEBRA C COLLINS
Full Name (Last, First, Middle Initial)
Mailing Address 3862 CARRIAGE HILL DRIVE

City FREDERICK	State MD	Zip Code 21704-7313
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Prgms
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398035645

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional).....▶	43.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 234
	(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. KRISTA J DICKMAN
Full Name (Last, First, Middle Initial)
Mailing Address 2533 ONYX DRIVE

City SHAKOPEE	State MN	Zip Code 55379-2770
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr III
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398135645

Amount of Each Receipt this Period
14.00

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

B. GEORGE N KOREAN
Full Name (Last, First, Middle Initial)
Mailing Address 6 VERANO

City FOOTHILL RANCH	State CA	Zip Code 92610-1827
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398535645

Amount of Each Receipt this Period
14.00

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

C. GARY MURRAY
Full Name (Last, First, Middle Initial)
Mailing Address 13093 GROUSE POINTE COVE

City DRAPER	State UT	Zip Code 84020-8258
----------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Bus Risk Mgmt
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398735645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼
1981.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398835645

Amount of Each Receipt this Period
103.61

P/R Deduction (\$103.61 Bi-Weekly)

B. ROBERT W WULF
Full Name (Last, First, Middle Initial)

Mailing Address 622 N 11TH ST

City WAUSAU	State WI	Zip Code 54403-5004
----------------	-------------	------------------------

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 ▼
294.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560398935645

Amount of Each Receipt this Period
14.04

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 20700 DELTA DRIVE

City GAITHERSBURG	State MD	Zip Code 20882-1121
----------------------	-------------	------------------------

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 ▼
1807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2560821135645

Amount of Each Receipt this Period
138.46

P/R Deduction (\$138.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.11
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: PAGE 111 OF 234
(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. PATRICK J O'BRIEN

Mailing Address 33 BARRINGTON DRIVE

City State Zip Code
 BEDFORD NH 03110-5601

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560821435645

Amount of Each Receipt this Period
 14.00

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

Full Name (Last, First, Middle Initial)
B. MARIE A PERO

Mailing Address 516 APPLE LANE

City State Zip Code
 HARLEYSVILLE PA 19438-2549

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Prod

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560821535645

Amount of Each Receipt this Period
 14.00

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

Full Name (Last, First, Middle Initial)
C. JOY M STEPHENS

Mailing Address 7320 YORK AVE N

City State Zip Code
 BROOKLYN PARK MN 55443-3544

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Bus Anlys

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2560821635645

Amount of Each Receipt this Period
 14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 234
	<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. BRIAN W LUND		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 464 EAST NORTH AVE		Transaction ID : PR2561457635645
City GRANTSBURG	State WI	Zip Code 54840-7423
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Tax	Amount of Each Receipt this Period 39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KEITH A VOLLBERG		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1001 NANDINA DR		Transaction ID : PR2563207735645
City WESTON	State FL	Zip Code 33327-2481
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Exec Dir	Amount of Each Receipt this Period 14.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LARRY W CAVANAUGH		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 520 NE 20TH ST # 1010		Transaction ID : PR2563211035645
City WILTON MANORS	State FL	Zip Code 33305-2162
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Spc Ben Govt Dntl Sls Mgr	Amount of Each Receipt this Period 39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	92.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 113 OF 234
(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. JACQULYN M BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 112 TH COURT WEST
 City State Zip Code
 INVER GROVE HEIGHTS MN 55077-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2563211235645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE M HUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 LITER COURT
 City State Zip Code
 ELLICOTT CITY MD 21042-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2564296735645
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 ROBERTA COURT
 City State Zip Code
 MCLEAN VA 22101-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2564296835645
 Amount of Each Receipt this Period
 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 121.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 234
	<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. 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 ▼ 2100.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564297135645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564297335645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 FLEECE FLOWER COVE
 City AUSTIN State TX Zip Code 78735-1539
 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 ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564297535645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	178.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 OF 234
	(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. STEVEN C WALLI
Full Name (Last, First, Middle Initial)

Mailing Address 18615 CHARLEVOIX LANE

City State Zip Code
CHESTERFIELD MO 63005-6200

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564297635645

Amount of Each Receipt this Period
14.00

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

B. ELLEN L DAMATO
Full Name (Last, First, Middle Initial)

Mailing Address 1300 DALHART DRIVE

City State Zip Code
ALLEN TX 75013-5339

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

Name of Employer Occupation
United HealthCare Services Inc Dir Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564802235645

Amount of Each Receipt this Period
14.00

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

C. JOSH A WILLSON
Full Name (Last, First, Middle Initial)

Mailing Address 201 ADAMS CT

City State Zip Code
COLLEYVILLE TX 76034-6811

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564802535645

Amount of Each Receipt this Period
14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 OF 234
	(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. CHRISTOPHER CHARLES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 OVERLOOK ROAD
 City DAYTON State MN Zip Code 55327-9678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2564802635645
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller Mkt Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2564802735645
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2564802935645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	131.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 117 OF 234
	(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. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803235645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803335645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. DARREN C MOQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 NICOLLET MALL #507
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803435645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 92.00
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 118 OF 234
	<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. MARK BELLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 5601 VAN WINKLE LN

City AUSTIN State TX Zip Code 78739-1694

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803535645

Amount of Each Receipt this Period 14.00

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

B. LISA R WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1941

City STAFFORD State TX Zip Code 77497-1941

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803735645

Amount of Each Receipt this Period 14.00

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

C. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City BROOKEVILLE State MD Zip Code 20833-3265

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

Name of Employer United HealthCare Services Inc Occupation SB VP Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2564803935645

Amount of Each Receipt this Period 39.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 67.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 234
	<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. DEBRA J BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 3209 GALLERIA
UNIT 1705

City EDINA State MN Zip Code 55435-2556

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2037.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564804035645

Amount of Each Receipt this Period
97.00

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

B. BARRY HOFER
Full Name (Last, First, Middle Initial)

Mailing Address 10464 SHELTER GROVE

City EDEN PRAIRIE State MN Zip Code 55347-4855

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

Name of Employer Optum Services, Inc Occupation VP Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564804135645

Amount of Each Receipt this Period
14.00

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

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

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-5615

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

Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2157.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2564804335645

Amount of Each Receipt this Period
117.00

P/R Deduction (\$117.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 234
	<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. TIMOTHY A WICKS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address PO BOX 44518		Transaction ID : PR2565448635645
City EDEN PRAIRIE	State MN	Zip Code 55344-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Optum Services, Inc	Occupation SVP Ops	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2469.20	

Full Name (Last, First, Middle Initial) B. DONNA M CRAIG		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 10761 INDEPENDENCE WAY		Transaction ID : PR2565448835645
City CARMEL	State IN	Zip Code 46032-9333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Regn Exec	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. THOMAS C KUNST		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4872 103RD STREET		Transaction ID : PR2566302135645
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.04
Name of Employer United HealthCare Services Inc	Occupation KA VP SIs Acct Mgmt	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

SUBTOTAL of Receipts This Page (optional).....▶	66.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. NEIL A MANSUKHANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City WESTON State FL Zip Code 33331-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir PEO SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2567129435645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DENISE V ZAMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 NOLAN CIRCLE
 City MANCHESTER State CT Zip Code 06042-1777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2567129535645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address SKY SONG
 1301 NO SCOTTSDALE ROAD
 City SCOTTSDALE State AZ Zip Code 85257-3493
 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 ▼ 1850.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2568900535645
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$130.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	158.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 122 OF 234
(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. MATTHEW H STEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5105 CAPE COD COURT
 City State Zip Code
 BETHESDA MD 20816-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Comm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2571777935645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CHRISTOPHER A PARRILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 WEXCROFT DRIVE
 City State Zip Code
 BRENTWOOD TN 37027-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Contrctng
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 753.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2571778235645
 Amount of Each Receipt this Period
 49.33
 P/R Deduction (\$49.33 Bi-Weekly)

C. BRUCE E MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 18426 MAGENTA BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2571778335645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 123 OF 234
(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. MARCUS A ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 590 SPENDER TRACE
 City State Zip Code
 DUNWOODY GA 30350-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB Dir Sls Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2572588935645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. SHAUN R JACQUET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4332 FOREST RIDGE DRIVE
 City State Zip Code
 SUAMICO WI 54313-8557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Cust Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2572589335645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JEFFREY P DEAN
 Full Name (Last, First, Middle Initial)
 Mailing Address W5912 DEAN ROAD
 City State Zip Code
 TOMAHAWK WI 54487-8314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2572589435645
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 234
	<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 E SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1502 EAST AVENUE NORTH

City ONALASKA State WI Zip Code 54650-7003

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572589535645

Amount of Each Receipt this Period 14.00

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

B. JOSEPH A GRAY
Full Name (Last, First, Middle Initial)

Mailing Address 19480 ELBERT POINT

City EXCELSIOR State MN Zip Code 55331-6901

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572589835645

Amount of Each Receipt this Period 14.00

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

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

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA State MN Zip Code 55424-1170

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572590035645

Amount of Each Receipt this Period 39.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00

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

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

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

FOR LINE NUMBER: PAGE 125 OF 234
(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. CHARLES WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2747 WEST VIEW DRIVE
 City NEW PRAGUE State MN Zip Code 56071-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572590135645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. CHRISTINE OBRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 764 TOPAZ STREET
 City NEW ORLEANS State LA Zip Code 70124-3624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA Dir Sls AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572590635645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JAMES R HARGIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 ROSEDALE
 City EDMOND State OK Zip Code 73013-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mgr Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572590735645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 234
	<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 RAMSEY CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address P0 BOX 86233
 City PHOENIX State AZ Zip Code 85080
 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 ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572590935645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. THERESA M CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16652 1/2 GRAND AVE
 City BELLFLOWER State CA Zip Code 90706-5038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572591135645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. KIMBERLEY S MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 CELONOVA PLACE
 City FOOTHILL RANCH State CA Zip Code 92610-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2572591235645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 234
	<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. WEI SUN
Full Name (Last, First, Middle Initial)
Mailing Address 7049 FIRENZA PL
City DUBLIN State OH Zip Code 43016-6199
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2572591335645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. THOMAS P WIFFLER
Full Name (Last, First, Middle Initial)
Mailing Address 1421 SOMERFIELD DRIVE
City BOLINGBROOK State IL Zip Code 60490-3207
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2037.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2572992735645
Amount of Each Receipt this Period **97.00**
P/R Deduction (\$97.00 Bi-Weekly)

C. PATRICK G QUINN
Full Name (Last, First, Middle Initial)
Mailing Address 15972 WETHERBURN RD
City CHESTERFIELD State MO Zip Code 63017-7341
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **202.02**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2573518735645
Amount of Each Receipt this Period **9.62**
P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **120.62**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LESLIE C HARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2574979435645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. HEATHER R CIANFROCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 WEST BARDONNER ROAD
 City GIBSONIA State PA Zip Code 15044-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1805.44

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2574986235645
 Amount of Each Receipt this Period 138.88
 P/R Deduction (\$138.88 Bi-Weekly)

C. JAMIE BURNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2574988235645
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	191.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHELONDA AGEE
Full Name (Last, First, Middle Initial)
Mailing Address 6317 BUNKER DRIVE
City State Zip Code
LOCUST GROVE GA 30248-7065
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Dir Prov Svc
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2574997635645
Amount of Each Receipt this Period
10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. LORI A VAN HOLMES
Full Name (Last, First, Middle Initial)
Mailing Address 4117 BRYANT AVENUE SOUTH
City State Zip Code
MINNEAPOLIS MN 55409-1423
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Dir Human Capital Dev
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2037.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2575030935645
Amount of Each Receipt this Period
97.00
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 ▼
3584.06

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2575034535645
Amount of Each Receipt this Period
290.86
P/R Deduction (\$290.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	397.86
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 130 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY L MADDOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 MARY WIL CT
 City GREENSBORO State NC Zip Code 27455-2262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575039535645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JULENE D DONNAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 17763 OAKLAND DRIVE NE
 City HAM LAKE State MN Zip Code 55304-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Sourcing Prcrmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575046235645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. HOWARD C MARGOLIES
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE PAGE DRIVE
 City RED BANK State NJ Zip Code 07701-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575050335645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.04
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 234
<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. VIVIAN M LINDSAY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 14930 SW 39 ST		Transaction ID : PR2575054935645
City DAVIE	State FL	Zip Code 33331-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 178.57
Name of Employer United HealthCare Services Inc	Occupation SVP Ops	P/R Deduction (\$178.57 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1785.70	

Full Name (Last, First, Middle Initial) B. CARY J MCCARTY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 8800 RUMFIELD RD		Transaction ID : PR2575059435645
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

Full Name (Last, First, Middle Initial) C. MARK T ALLEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 11359 ENTREVAUX DRIVE		Transaction ID : PR2575060235645
City EDEN PRAIRIE	State MN	Zip Code 55347-2862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....▶	231.57
TOTAL This Period (last page this line 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 132 OF 234
	(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. SANDRA B NICHOLS
Full Name (Last, First, Middle Initial)

Mailing Address 12706 YOUNG LANE

City NORTH POTOMAC State MD Zip Code 20878-6112

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575074535645

Amount of Each Receipt this Period
 96.15

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

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

Mailing Address 740 VORTEX AVE

City HENDERSON State NV Zip Code 89002-6514

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Dir Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575076235645

Amount of Each Receipt this Period
 15.27

P/R Deduction (\$15.27 Bi-Weekly)

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

Mailing Address 6403 GEMINATA OAK CT

City PALM BEACH GARDENS State FL Zip Code 33410-3242

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

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575084435645

Amount of Each Receipt this Period
 142.86

P/R Deduction (\$142.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	254.28
TOTAL This Period (last page this line 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 133 OF 234
(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. VINCENT PETER VALLARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 LEXINGTON ROAD
 City State Zip Code
 GLASTONBURY CT 06033-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mkt Group CAO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
915.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR2575096635645
 Amount of Each Receipt this Period
316.96
 P/R Deduction (\$316.96 Bi-Weekly)

B. GLEN J GOLEMI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 MAGNOLIA ALY
 City State Zip Code
 MANDEVILLE LA 70471-3068
 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 ▼
807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR2575098835645
 Amount of Each Receipt this Period
38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. CHARLES JACOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 IRVING AVE
 City State Zip Code
 MINNEAPOLIS MN 55408-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : PR2575099235645
 Amount of Each Receipt this Period
16.00
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **371.42**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PHEBE M CHAMPION
Full Name (Last, First, Middle Initial)
Mailing Address 5124 WEDMORE CT
City NORTH LAS VEGAS State NV Zip Code 89031-0364
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Plan of Nevada Occupation Dir Cust Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2575108335645
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Bi-Weekly)

B. SCOTT THOMAS LYDON
Full Name (Last, First, Middle Initial)
Mailing Address 2 PLOWBOY PATH
City COMMACK State NY Zip Code 11725-1410
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2575122235645
Amount of Each Receipt this Period 14.00
P/R Deduction (\$14.00 Bi-Weekly)

C. ZOE C HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 4030 SERANGO COURT
City WEST LINN State OR Zip Code 97068-2840
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2575136235645
Amount of Each Receipt this Period 14.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 234
	<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. JEAN MCGANN		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2575146935645
Mailing Address 4 VILLAGE ROAD		Amount of Each Receipt this Period 14.04
City FLORHAM PARK	State NJ	Zip Code 07932-2415
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation SB KA Dir Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KELLY L BEECHER		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2575161135645
Mailing Address 7640 CURIOSITY AVE		Amount of Each Receipt this Period 14.04
City LAS VEGAS	State NV	Zip Code 89131-4792
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Acctng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RON JONES		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2575163535645
Mailing Address 10066 ESCAMBIA BAY CT		Amount of Each Receipt this Period 125.00
City NAPLES	State FL	Zip Code 34120-4621
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation Pres Prov Sols	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.08
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 136 OF 234
(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 7607 MAPLE MEADOW STREET

City State Zip Code
 LAS VEGAS NV 89131-4665

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

Name of Employer Occupation
 Health Plan of Nevada Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575164435645

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 3109 SHADY SPRINGS DRIVE

City State Zip Code
 LOUISVILLE KY 40299-4575

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

Name of Employer Occupation
 United HealthCare Services Inc PS Sr Sls Exe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575180735645

Amount of Each Receipt this Period
 19.23

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

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

Mailing Address 6741 EAST SHADOW LAKE DRIVE

City State Zip Code
 CIRCLE PINES MN 55014-1348

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

Name of Employer Occupation
 Optum Services, Inc Dir IT

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
 10 / 15 / 2014

Transaction ID : PR2575181635645

Amount of Each Receipt this Period
 18.25

P/R Deduction (\$18.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.48

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 137 OF 234
	<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. KRISTIN MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 9465 DARTRIDGE DRIVE

City DALLAS State TX Zip Code 75238-1873

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575194435645

Amount of Each Receipt this Period 14.00

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

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

Mailing Address 6721 MOSSY GLEN DR

City FORT MYERS State FL Zip Code 33908-4771

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 ▼ 840.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575194635645

Amount of Each Receipt this Period 40.00

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

C. PETER J MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 7091 HIGHOVER DRIVE

City CHANHASSEN State MN Zip Code 55317-7572

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

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575213635645

Amount of Each Receipt this Period 15.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 69.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 234
	(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. ANDREW C SEKEL

Mailing Address 6010 LONESOME VALLEY TRAIL

City AUSTIN	State TX	Zip Code 78731-3749
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation CEO Spclty Ntwk
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575223735645

Amount of Each Receipt this Period
125.00

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

Full Name (Last, First, Middle Initial)
B. HOWARD CHARLES GILPIN JR

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL	State PA	Zip Code 19422-3481
-------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Act Cnslt
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575224935645

Amount of Each Receipt this Period
39.00

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

Full Name (Last, First, Middle Initial)
C. DONALD R REILLY

Mailing Address 5 LEGHORN LANE

City CROMWELL	State CT	Zip Code 06416-1671
------------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575225335645

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	174.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 234
	<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. KATHLEEN M CADMUS
Full Name (Last, First, Middle Initial)

Mailing Address 8426 STONE CREEK CT

City CHANHASSEN State MN Zip Code 55317-7408

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575230435645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 417 STERLING STREET

City LANCASTER State MA Zip Code 01523-1847

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

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575233635645

Amount of Each Receipt this Period **14.00**

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

C. THOMAS G RUSSELL
Full Name (Last, First, Middle Initial)

Mailing Address 10205 GROOMSBRIDGE ROAD

City JOHNS CREEK State GA Zip Code 30022-5645

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

Name of Employer United HealthCare Services Inc Occupation Dir Empl Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575238635645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **38.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 234
	<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. JOANNE M SHUEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2694 WEST CREEK DRIVE
 City FRISCO State TX Zip Code 75033-4759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575241635645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. THOMAS C CHOATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 SOUTHPOND RD
 City GLASTONBURY State CT Zip Code 06033-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575247835645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. TIMOTHY H DIMARTINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 49605 KEYCOVE ST
 City CHESTERFIELD State MI Zip Code 48047-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575248135645
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 234
	<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. ROBERT A BROOMFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 12501 WEST 156TH STREET

City OVERLAND PARK State KS Zip Code 66221-2662

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

Name of Employer United HealthCare Services Inc Occupation UHC SIs RVP KA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.14**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575260435645

Amount of Each Receipt this Period **27.78**

P/R Deduction (\$27.78 Bi-Weekly)

B. TERRY R JONES
Full Name (Last, First, Middle Initial)

Mailing Address 11856 NW 12TH MANOR

City CORAL SPRINGS State FL Zip Code 33071-5035

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575279235645

Amount of Each Receipt this Period **14.00**

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

C. SAMANTHA ANN MARCARIO
Full Name (Last, First, Middle Initial)

Mailing Address 2117 CAMP INDIANHEAD ROAD

City LAND O LAKES State FL Zip Code 34639-5268

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575287835645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **55.78**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 234
	<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 J ESSLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 4944 W 151ST TERRACE

City LEAWOOD State KS Zip Code 66224-9744

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.94**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575288935645

Amount of Each Receipt this Period **30.42**

P/R Deduction (\$30.42 Bi-Weekly)

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

Mailing Address 909 OAKWOOD AV

City FULLERTON State CA Zip Code 92835-2719

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575293235645

Amount of Each Receipt this Period **38.46**

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

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

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

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

Name of Employer United HealthCare Services Inc Occupation Pres United Essentials

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3975.75**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575295135645

Amount of Each Receipt this Period **204.85**

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

SUBTOTAL of Receipts This Page (optional)..... **273.73**

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

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

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

FOR LINE NUMBER: PAGE 143 OF 234
(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 MONAGHAN

Mailing Address 450 EDGEWOOD AVE

City State Zip Code
 WESTFIELD NJ 07090-4353

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Prgms

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575296835645

Amount of Each Receipt this Period
 14.04

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MOLLY MCMILLEN MALAT

Mailing Address 6125 CHASEWOOD PARKWAY #124

City State Zip Code
 MINNETONKA MN 55343-4376

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Comm

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575299535645

Amount of Each Receipt this Period
 34.18

P/R Deduction (\$34.18 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLARE B GROCHOWSKI

Mailing Address 205 ALAPOCAS DRIVE

City State Zip Code
 WILMINGTON DE 19803-4504

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

Name of Employer Occupation
 Optum Services, Inc Assc Dir Comm

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575300135645

Amount of Each Receipt this Period
 14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 234
	<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. MARY R MCELRATH-JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 AMHERST DRIVE
 City NEW ROCHELLE State NY Zip Code 10804-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575302135645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

B. BRADLEY S TINNERMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 HICKORY SHOALS RD
 City MARIETTA State GA Zip Code 30064-1182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum360 Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575311035645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. JAN T GRIMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 WEST 85TH STREET
 City LEAWOOD State KS Zip Code 66206-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mkt Sis SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575314835645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.12
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 145 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City State Zip Code
 CHEVY CHASE MD 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Strat Clnt Rel Ex Optuml
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **819.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575326935645
 Amount of Each Receipt this Period
39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL SIMONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 SCALIA COURT
 City State Zip Code
 HAMILTON NJ 08690-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **260.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575346735645
 Amount of Each Receipt this Period
26.07
 P/R Deduction (\$26.07 Bi-Weekly)

C. PATRICK R IMDIEKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 15900 WHITE PINE DRIVE
 City State Zip Code
 WAYZATA MN 55391-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Anlys
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **267.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575347935645
 Amount of Each Receipt this Period
19.55
 P/R Deduction (\$19.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **84.62**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575350935645

Amount of Each Receipt this Period **39.00**

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

B. SALLY A BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 192 HOMEWOOD DRIVE

City CLINTON State NY Zip Code 13323-1512

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 ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575363635645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 6980 E SAHAURO DRIVE
APT #3065

City SCOTTSDALE State AZ Zip Code 85254-6149

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 ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575372435645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **67.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 147 OF 234
	(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. STEVE MORGAN
Full Name (Last, First, Middle Initial)

Mailing Address 1252 W 71ST TERRACE

City KANSAS CITY State MO Zip Code 64114-1238

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 ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575374835645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

B. KATHLEEN A DOLL
Full Name (Last, First, Middle Initial)

Mailing Address 3184 MULLIGAN LANE

City CHASKA State MN Zip Code 55318-3226

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

Name of Employer Optum Services, Inc Occupation VP Sls Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575385135645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

C. YASMINE WINKLER
Full Name (Last, First, Middle Initial)

Mailing Address 1429 WEST WIGWAM TRAIL

City MOUNT PROSPECT State IL Zip Code 60056-2940

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

Name of Employer United HealthCare Services Inc Occupation Chief Prod Mktg Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575390935645

Amount of Each Receipt this Period **125.00**

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

SUBTOTAL of Receipts This Page (optional)..... ► **149.04**

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

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

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

FOR LINE NUMBER: PAGE 148 OF 234
(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. GREGORIO CORTEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 GASPAR BEND
 City CEDAR PARK State TX Zip Code 78613-4556
 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 ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575394335645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LINDA LOUISE POST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 JAYCOX ROAD
 City GALENA State OH Zip Code 43021-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575395235645
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CHAD M WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26850 MOUNT HILL ROAD
 City WELCH State MN Zip Code 55089-4472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575414935645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.04
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 234
	(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. CAROL GOTHARD
Full Name (Last, First, Middle Initial)

Mailing Address 16492 BROOKLANE BOULEVARD

City NORTHVILLE	State MI	Zip Code 48168-8417
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575419135645

Amount of Each Receipt this Period

38.46

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575419835645

Amount of Each Receipt this Period

100.00

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

C. KARIN R O'HARA
Full Name (Last, First, Middle Initial)

Mailing Address 1710 MAYAPPLE PASS

City CHANHASSEN	State MN	Zip Code 55317-5000
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575428735645

Amount of Each Receipt this Period

38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	176.92
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 150 OF 234
(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. PAMELA JEAN STEGORA AXBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1427 BROOKSHIRE COURT
 City NEW BRIGHTON State MN Zip Code 55112-6390
 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 ▼ **372.70**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575443835645
 Amount of Each Receipt this Period **3.85**
 P/R Deduction (\$3.85 Bi-Weekly)

B. JEFFERSON B WALTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8308 CEDAR HILL ROAD
 City WAYNESVILLE State OH Zip Code 45068-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575445835645
 Amount of Each Receipt this Period **14.00**
 P/R Deduction (\$14.00 Bi-Weekly)

C. TIMOTHY M SPILKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 MOHAWK LANE
 City LEAWOOD State KS Zip Code 66206-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575446335645
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **117.85**
TOTAL This Period (last page this line 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 151 OF 234
	(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. MILLA HAUTMAN
Full Name (Last, First, Middle Initial)

Mailing Address 410 SYCAMORE CIRCLE

City PLYMOUTH State MN Zip Code 55441-5667

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 ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575447135645

Amount of Each Receipt this Period 14.04

P/R Deduction (\$14.04 Bi-Weekly)

B. ROBERT E BOOKER
Full Name (Last, First, Middle Initial)

Mailing Address 16632 HANSON BLVD NW

City ANDOVER State MN Zip Code 55304-2089

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575447235645

Amount of Each Receipt this Period 14.04

P/R Deduction (\$14.04 Bi-Weekly)

C. LOUIS FLOCCO
Full Name (Last, First, Middle Initial)

Mailing Address 7353 EAST SKYLINE DRIVE

City ORANGE State CA Zip Code 92867-6451

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575448635645

Amount of Each Receipt this Period 14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 234
	<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 C BARTHEL
Full Name (Last, First, Middle Initial)

Mailing Address 9713 HEMLOCK LANE NORTH

City MAPLE GROVE State MN Zip Code 55369-3665

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

Name of Employer Optum Services, Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575484335645

Amount of Each Receipt this Period 14.04

P/R Deduction (\$14.04 Bi-Weekly)

B. CLINTON V WOLF
Full Name (Last, First, Middle Initial)

Mailing Address 2647 N SOUTHPORT

City CHICAGO State IL Zip Code 60614-1227

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

Name of Employer Optum Services, Inc Occupation Dir Mktg Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575490935645

Amount of Each Receipt this Period 15.00

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

C. DANIEL P MACLAUHLAN
Full Name (Last, First, Middle Initial)

Mailing Address 780 CENTRAL AVENUE

City GLENSIDE State PA Zip Code 19038-1701

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

Name of Employer United HealthCare Services Inc Occupation Mgr Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.64

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575492735645

Amount of Each Receipt this Period 20.28

P/R Deduction (\$20.28 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.32

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHELE RAMIREZ
Full Name (Last, First, Middle Initial)

Mailing Address 37 CALAIS ROAD

City RANDOLPH State NJ Zip Code 07869-3531

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575502435645

Amount of Each Receipt this Period 14.00

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

B. DEBORAH A SUNDAL
Full Name (Last, First, Middle Initial)

Mailing Address 5109 WEST 66TH ST

City EDINA State MN Zip Code 55439-1429

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575502935645

Amount of Each Receipt this Period 14.00

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

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

Mailing Address 14101 ROCKAWAY BEACH BOULEVARD

City BELLE HARBOR State NY Zip Code 11694-1243

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

Name of Employer United HealthCare Services Inc Occupation Dir Compli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575506735645

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 38.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 234
	<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. MOLLY E JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City	State	Zip Code
MINNETONKA	MN	55305-2809

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4032.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575521735645

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 54 GREENWOOD DRIVE

City	State	Zip Code
SOUTH WINDSOR	CT	06074-2957

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575522335645

Amount of Each Receipt this Period
125.00

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

C. ERIC J KAPLAN
Full Name (Last, First, Middle Initial)

Mailing Address 193 PARTRIDGE LANDING

City	State	Zip Code
GLASTONBURY	CT	06033-2849

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

Name of Employer	Occupation
Optum Services, Inc	NA VP Clnt Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2575524035645

Amount of Each Receipt this Period
14.00

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

SUBTOTAL of Receipts This Page (optional).....▶	331.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 234
	<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 GARRISON JETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9557 WOODRIDGE CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-2744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575528135645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ROBERT ALDEN HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9236 PRESTON PLACE
 City EDEN PRAIRIE State MN Zip Code 55347-3396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr M A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575528335645
 Amount of Each Receipt this Period 21.47
 P/R Deduction (\$21.47 Bi-Weekly)

C. THOMAS A HAMLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575536235645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.93
TOTAL This Period (last page this line 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 156 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NADINE G HAUF
Full Name (Last, First, Middle Initial)
Mailing Address 1813 SAN LEANNA
City ALLEN State TX Zip Code 75013-4741
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575538835645
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

B. AMY LYNN BALCK
Full Name (Last, First, Middle Initial)
Mailing Address N3681 VINE RD
City FREEDOM State WI Zip Code 54913-6928
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Mgr Mkt Svc Acct Mgr
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575548435645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

C. JULIE T SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 271 NW 42ND AVE
City COCONUT CREEK State FL Zip Code 33066-1823
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Fin
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575578035645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 157 OF 234
(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. CURTIS A MOCK
 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 ▼ 1877.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575579235645
 Amount of Each Receipt this Period 144.44
 P/R Deduction (\$144.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ELIZABETH C WINSOR
 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 ▼ 2019.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575582835645
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RICHARD W REEVES
 Mailing Address 1612 CARNOUSTIE DRIVE
 City PASADENA State MD Zip Code 21122-6674
 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 ▼ 294.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575583835645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.63
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575585635645

Amount of Each Receipt this Period **39.00**

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

B. KATHLEEN DWYER
Full Name (Last, First, Middle Initial)

Mailing Address 4852 EXCALIBUR DRIVE

City SYRACUSE State NY Zip Code 13215-9317

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.40**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575590635645

Amount of Each Receipt this Period **90.90**

P/R Deduction (\$90.90 Bi-Weekly)

C. DEBORAH A JORGE
Full Name (Last, First, Middle Initial)

Mailing Address 140 OLD BAY RD

City BELCHERTOWN State MA Zip Code 01007-9348

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575593635645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **143.90**

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 159 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LISA M IVERSON
Full Name (Last, First, Middle Initial)

Mailing Address 13341 CARRACH AVENUE

City ROSEMOUNT State MN Zip Code 55068-4774

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 ▼ **615.36**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575603235645

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 900 SOUTHERLY RD APT 402

City TOWSON State MD Zip Code 21204-2943

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575633935645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

C. BRIAN R THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 17829 63RD AVE N

City MAPLE GROVE State MN Zip Code 55311-4650

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575634635645

Amount of Each Receipt this Period **38.46**

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

SUBTOTAL of Receipts This Page (optional)..... **129.42**

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

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

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

FOR LINE NUMBER: PAGE 160 OF 234
(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. JAN LOUISE HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4035 SHADOWHILL DRIVE
 City State Zip Code
 SANTA ROSA CA 95404-2730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Hlth Svs Dir RN/NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575636835645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. TERENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City State Zip Code
 EDINA MN 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575636935645
 Amount of Each Receipt this Period
 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. NEIL P COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8465 MISSION HILLS LANE
 City State Zip Code
 CHANHASSEN MN 55317-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575637635645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 161 OF 234
(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. BENTON V DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 NORTH 53RD PLACE
 City State Zip Code
 PARADISE VALLEY AZ 85253-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP GM Clin Comnty Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575639235645
 Amount of Each Receipt this Period
 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

B. NANCY J SUBLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 CLARA #24
 City State Zip Code
 SAINT LOUIS MO 63112-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575646935645
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. CRAIG S HERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9609 WYOMING CIRCLE
 City State Zip Code
 BLOOMINGTON MN 55438-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575650235645
 Amount of Each Receipt this Period
 62.50
 P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.65
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: (check only one)	PAGE 162 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. MARK VAN ERT

Mailing Address 221 OAKWOOD RD

City HOPKINS State MN Zip Code 55343-8532

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

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575650535645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575651535645

Amount of Each Receipt this Period **39.00**

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

Full Name (Last, First, Middle Initial)
C. JENNY A HAYHURST

Mailing Address 23A MOUNT HYGEIA ROAD

City FOSTER State RI Zip Code 02825-1434

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575651835645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **67.04**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 163 OF 234
	(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. ELENA J MCFANN
Full Name (Last, First, Middle Initial)

Mailing Address 18925 24TH AVENUE NORTH

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 Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575654735645

Amount of Each Receipt this Period 100.00

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

B. KATHRYN L PIZZANO
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 31
44 SAYER RD

City BLOOMING GROVE State NY Zip Code 10914-0031

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575662135645

Amount of Each Receipt this Period 24.33

P/R Deduction (\$24.33 Bi-Weekly)

C. CARL E ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575669335645

Amount of Each Receipt this Period 39.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 163.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 164 OF 234
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK MOESCHLER
Full Name (Last, First, Middle Initial)

Mailing Address 10940 E TIERRA DR

City State Zip Code
SCOTTSDALE AZ 85259-5730

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575676135645

Amount of Each Receipt this Period
39.00

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

B. BRADY PRIEST
Full Name (Last, First, Middle Initial)

Mailing Address 4401 COUNTRY CLUB RD

City State Zip Code
EDINA MN 55424-1148

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2019.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575677235645

Amount of Each Receipt this Period
96.15

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

C. MICHELLE M SCHROEDER
Full Name (Last, First, Middle Initial)

Mailing Address 3305 TOWN TRAIL

City State Zip Code
BROOKFIELD WI 53045-2640

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

Name of Employer Occupation
Optum Services, Inc Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.84

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575683735645

Amount of Each Receipt this Period
14.04

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	149.19
TOTAL This Period (last page this line 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 165 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHRISTOPHER J STIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2014.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575683835645
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JENNIFER COHEN-SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 ORCUTT
 City GUILFORD State CT Zip Code 06437-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575693935645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. STEPHEN J FARRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 MAJOR DOANE RD
 City WELLFLEET State MA Zip Code 02667-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575696235645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 152.50
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 166 OF 234
(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. 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 ▼ 1718.75

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575705835645
 Amount of Each Receipt this Period 156.25
 P/R Deduction (\$156.25 Bi-Weekly)

B. 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 ▼ 2037.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575708835645
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARK J BERNAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5512 LOWELL AVE
 City INDIANAPOLIS State IN Zip Code 46219-5810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sr Hlth Economics Rscher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575718135645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 267.25
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: (check only one)	PAGE 167 OF 234
	<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. MOLLY LOUISE KNORR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 PROSPECT AVENUE
 City HARTFORD State CT Zip Code 06105-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Risk Adjustment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575735435645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

B. JEFFREY GROSKLAGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3233 TIMBERWOLF CIRCLE
 City PRIOR LAKE State MN Zip Code 55372-3272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575735735645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. JULIE M STRICKLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 3207 SUNNYWOOD DRIVE
 City FULLERTON State CA Zip Code 92835-1858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Advtrnsng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575740935645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 66.50
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 168 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2119 SHERIDAN HILLS RD

City State Zip Code
 WAYZATA MN 55391-2327

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

Name of Employer Occupation
 United HealthCare Services Inc VP Fin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 294.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575744535645

Amount of Each Receipt this Period
 14.04

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CARLOS E ADAME

Mailing Address 42584 WHISTLE COURT

City State Zip Code
 TEMECULA CA 92592-7105

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575755435645

Amount of Each Receipt this Period
 39.00

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

Full Name (Last, First, Middle Initial)
C. HERBERT R DOMER

Mailing Address 2715 IONE COURT

City State Zip Code
 COLUMBUS OH 43235-2810

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

Name of Employer Occupation
 Optum Services, Inc Dir IT DT Analytics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : PR2575756035645

Amount of Each Receipt this Period
 14.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.04

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOSEPH MILES
Full Name (Last, First, Middle Initial)
Mailing Address 930 CORNWALLIS
City MUNSTER State IN Zip Code 46321-2877
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mktg Cnslt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575770935645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. MATTHEW D MONTOYA
Full Name (Last, First, Middle Initial)
Mailing Address 12370 BRADFORD DR
City PARKER State CO Zip Code 80134-3609
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Mgr Acct Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **294.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR257577635645
Amount of Each Receipt this Period **14.00**
P/R Deduction (\$14.00 Bi-Weekly)

C. CAROLYN T MORRIS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1744
City SHIPROCK State NM Zip Code 87420-1744
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Govt Affs Assc Dir
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **213.50**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2575780935645
Amount of Each Receipt this Period **30.50**
P/R Deduction (\$30.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	58.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 170 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SUSAN V MADDUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 16426 FARMERS MILL LANE
 City State Zip Code
 CHESTERFIELD MO 63005-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Pharm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575783835645
 Amount of Each Receipt this Period
 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

B. LAURIE ERIN RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3108 SONIA DRIVE
 City State Zip Code
 LAS VEGAS NV 89107-3246
 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 ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575812135645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM J MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26104 WEST 108 TERRACE
 City State Zip Code
 OLATHE KS 66061-7522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575819835645
 Amount of Each Receipt this Period
 88.47
 P/R Deduction (\$88.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.51
TOTAL This Period (last page this line 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 172 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 43 JOEL DR

City HEBRON State CT Zip Code 06248-1245

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

Name of Employer Optum Services, Inc Occupation Mkt Grp CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575842735645

Amount of Each Receipt this Period
39.00

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

B. 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 ▼ **1718.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575859335645

Amount of Each Receipt this Period
156.25

P/R Deduction (\$156.25 Bi-Weekly)

C. NYLE BRENT COTTINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 6630 EMPIRE COURT

City MAPLE GROVE State MN Zip Code 55311-3433

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

Name of Employer United HealthCare Services Inc Occupation VP Acctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.19**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2575865335645

Amount of Each Receipt this Period
15.39

P/R Deduction (\$15.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.64
TOTAL This Period (last page this line 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 173 OF 234
	<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. JAMIE DAMATO			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 349 KING STREET			Transaction ID : PR2575872035645
City NAUGATUCK	State CT	Zip Code 06770-1505	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer Optum Services, Inc	Occupation Dir IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. GLENN LIPPMAN			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 7125 EAST LITTLE SAVANNAH LANE			Transaction ID : PR2575882835645
City TUCSON	State AZ	Zip Code 85750-6545	Amount of Each Receipt this Period 14.00
FEC ID number of contributing federal political committee. C			
Name of Employer Optum Services, Inc	Occupation Assc Behvrl Med Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAMELA LIPPITT			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2014
Mailing Address 944 RILEY WILLS ROAD			Transaction ID : PR2575884435645
City LEBANON	State OH	Zip Code 45036-9037	Amount of Each Receipt this Period 14.00
FEC ID number of contributing federal political committee. C			
Name of Employer Optum Services, Inc	Occupation Assc Dir Med Clin Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	43.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 174 OF 234
(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. PATRICK J LANGAN

Mailing Address 405 MEADOW LANE

City Benson State MN Zip Code 56215-1033

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575885035645

Amount of Each Receipt this Period **97.00**

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

Full Name (Last, First, Middle Initial)
B. JOEL C HOFFMAN

Mailing Address 6943 SOUTH PICADILLY STREET

City Aurora State CO Zip Code 80016-2341

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

Name of Employer Optum Services, Inc Occupation SVP Optuml

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575913135645

Amount of Each Receipt this Period **10.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 7112 LANGMUIR DRIVE

City MCKINNEY State TX Zip Code 75071-4606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575930635645

Amount of Each Receipt this Period **39.00**

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

SUBTOTAL of Receipts This Page (optional)..... **146.00**

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 175 OF 234
	<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 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 ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575938435645

Amount of Each Receipt this Period 192.30

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

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

Mailing Address 7715 GIBRALTER TERRACE

City APPLE VALLEY State MN Zip Code 55124-6124

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 ▼ 315.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575966035645

Amount of Each Receipt this Period 15.00

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

C. DOREEN L MELLBERG
Full Name (Last, First, Middle Initial)

Mailing Address 1808 CRESTVIEW DRIVE

City WAUSAU State WI Zip Code 54403-8107

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

Name of Employer Optum Services, Inc Occupation IT Proj Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2575966835645

Amount of Each Receipt this Period 15.87

P/R Deduction (\$15.87 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 223.17

TOTAL This Period (last page this line 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 176 OF 234
(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. MARC T SALINAS

Mailing Address 1630 ROCK RIDGE DRIVE

City Prosper State TX Zip Code 75078-9728

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

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575967935645

Amount of Each Receipt this Period **39.00**

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

Full Name (Last, First, Middle Initial)
B. JUDITH GAGER PERLMAN

Mailing Address 116 CANTERBURY LANE
PO BOX 2108

City Vineyard Haven State MA Zip Code 02568-5659

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575968935645

Amount of Each Receipt this Period **39.00**

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

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

Mailing Address 5360 ANACALA CT

City Westerville State OH Zip Code 43082-8352

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2575977935645

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **92.00**

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

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

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

FOR LINE NUMBER: PAGE 177 OF 234
(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. MARK LEENAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 UNION TERRACE LN N
 City State Zip Code
 PLYMOUTH MN 55441-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UHC International Services Inc NA Med Dir/CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575982835645
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CAROL ANN CHURCHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 BATTALION WAY
 City State Zip Code
 MOUNT JULIET TN 37122-6135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575988335645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. PAMELA J GOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8370 DYNASTY WAY
 City State Zip Code
 SALT LAKE CITY UT 84121-6089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB KA VP SIs Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2575988635645
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
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 178 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARC R BRIGGS
Full Name (Last, First, Middle Initial)
Mailing Address 1608 RED TREE CT
City DRAPER State UT Zip Code 84020-7704
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn Exec
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **833.79**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2576001635645
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$40.00 Bi-Weekly)

B. KAREN I SQUARRELL SHABLIN
Full Name (Last, First, Middle Initial)
Mailing Address 1377 ROWLAND ROAD
City LANGHORNE State PA Zip Code 19047-3106
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 **273.75**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2576017335645
Amount of Each Receipt this Period **18.25**
P/R Deduction (\$18.25 Bi-Weekly)

C. JOHN EDWARD SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 4574 VIA DON LUIS
City NEWBURY PARK State CA Zip Code 91320-6905
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation VP Info Tech
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **640.92**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2576018635645
Amount of Each Receipt this Period **71.82**
P/R Deduction (\$71.82 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **130.07**
TOTAL This Period (last page this line 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 179 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID SANN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 Transaction ID : PR2576026435645
Mailing Address 8326 ELKO DRIVE		Amount of Each Receipt this Period 58.82
City ELLCOTT CITY	State MD	Zip Code 21043-6913
FEC ID number of contributing federal political committee. C		P/R Deduction (\$58.82 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Dir Med Clin Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.84	

Full Name (Last, First, Middle Initial) B. KIMBERLY K SONERHOLM		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 Transaction ID : PR2576033235645
Mailing Address 7210 HEGGIE AVE		Amount of Each Receipt this Period 14.00
City LAS VEGAS	State NV	Zip Code 89131-3233
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer Health Plan of Nevada	Occupation KA VP Sls Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. JAY WARMUTH		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 Transaction ID : PR2576040035645
Mailing Address 16215 GRABEN COURT		Amount of Each Receipt this Period 39.00
City EDEN PRAIRIE	State MN	Zip Code 55346-2331
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Bus Segment Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

SUBTOTAL of Receipts This Page (optional).....▶	111.82
TOTAL This Period (last page this line 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 180 OF 234
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GAYLE Q ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 CANYON RIDGE DRIVE
 City SANDIA PARK State NM Zip Code 87047-8509
 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 ▼ 714.28

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576040335645
 Amount of Each Receipt this Period 357.14
 P/R Deduction (\$357.14 Bi-Weekly)

B. RHONDA M MEDOWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7707 WISCONSIN AVENUE APT # 530
 City BETHESDA State MD Zip Code 20814-6547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576040435645
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

C. KEVIN P KANDALRAFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 METATE DRIVE
 City SANDIA PARK State NM Zip Code 87047-8508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576043635645
 Amount of Each Receipt this Period 83.33
 P/R Deduction (\$83.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 536.62
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 234
	<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. RESTOR JOHNSON

Mailing Address **2700 CRESCENT RIDGE ROAD**

City MINNETONKA	State MN	Zip Code 55305-2806
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2576051635645

Amount of Each Receipt this Period

97.00

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

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

Mailing Address **503 HARRINGTON ROAD**

City WAYZATA	State MN	Zip Code 55391-1512
------------------------	--------------------	-------------------------------

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

Name of Employer Optum Services, Inc	Occupation Mkt Group CFO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4053.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2576060035645

Amount of Each Receipt this Period

193.00

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

Full Name (Last, First, Middle Initial)
C. APRIL D GOLENER

Mailing Address **1313 JACKSON STREET**

City MANDEVILLE	State LA	Zip Code 70448-4040
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2576063935645

Amount of Each Receipt this Period

14.04

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	304.04
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 183 OF 234
(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. LANCE A NOVAK
 Mailing Address 17035 41ST PLACE N
 City State Zip Code
 PLYMOUTH MN 55446-3358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2576073535645
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ANGELA D DAVIS
 Mailing Address 1067 ROYS PRIVATE WAY
 City State Zip Code
 GALLATIN TN 37066-8007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2576083935645
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DARRIN D JOHNSON
 Mailing Address 108 SUMMERBROOKE COURT
 City State Zip Code
 SICKLERVILLE NJ 08081-9685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 718.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2576103735645
 Amount of Each Receipt this Period
 56.37
 P/R Deduction (\$56.37 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.83
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 184 OF 234
(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. MARGARET A OHME
 Full Name (Last, First, Middle Initial)
 Mailing Address 3543 STEBNER RD
 City HERMANTOWN State MN Zip Code 55811-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576104035645
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. TIFFANY D DIAMOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 HARVEY DRIVE
 City GOFFSTOWN State NH Zip Code 03045-2315
 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 ▼ 714.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576105535645
 Amount of Each Receipt this Period 71.43
 P/R Deduction (\$71.43 Bi-Weekly)

C. NATHAN R KIEWEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576117535645
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 135.43
TOTAL This Period (last page this line 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 185 OF 234
	(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. CHRIS KENT
Full Name (Last, First, Middle Initial)

Mailing Address 13273 CARLINGFORD LANE

City ROSEMOUNT State MN Zip Code 55068-6308

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 ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2576119035645

Amount of Each Receipt this Period **38.46**

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

B. CHANDRA LUE TORGERSON
Full Name (Last, First, Middle Initial)

Mailing Address 5433 10TH AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55417-2413

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2576128635645

Amount of Each Receipt this Period **39.00**

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

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

Mailing Address 2542 CROSBY ROAD

City WAYZATA State MN Zip Code 55391-2318

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 ▼ **3824.72**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2576144835645

Amount of Each Receipt this Period **235.04**

P/R Deduction (\$235.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **312.50**

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

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

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

FOR LINE NUMBER: PAGE 186 OF 234
(check only one)

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

A. JOHN E FRIDNER
Full Name (Last, First, Middle Initial)
Mailing Address 782 PENFIELD DR
City CAROL STREAM State IL Zip Code 60188-4738
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576147535645
Amount of Each Receipt this Period 39.00
P/R Deduction (\$39.00 Bi-Weekly)

B. 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 ▼ 937.50

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2576313335645
Amount of Each Receipt this Period 312.50
P/R Deduction (\$312.50 Bi-Weekly)

C. 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 ▼ 4038.30

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2577379335645
Amount of Each Receipt this Period 192.30
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 543.80
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 187 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14425 NORTH 15TH STREET

City PHOENIX State AZ Zip Code 85022-4454

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

Name of Employer Optum Services, Inc Occupation Natl Acct Exe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2578724235645

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 1 OLD FARM ROAD

City WELLESLEY State MA Zip Code 02481-1424

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2827.02

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2578735235645

Amount of Each Receipt this Period 134.62

P/R Deduction (\$134.62 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 ▼ 2019.15

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2578740435645

Amount of Each Receipt this Period 96.15

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

SUBTOTAL of Receipts This Page (optional).....▶ 240.77

TOTAL This Period (last page this line 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 188 OF 234
	(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. PHIL KRAUSE			Date of Receipt 10 / 15 / 2014 Transaction ID : PR2578742135645
Mailing Address 30532 GREENBRIAR			Amount of Each Receipt this Period 14.00
City FRANKLIN	State MI	Zip Code 48025-1459	P/R Deduction (\$14.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Hlthcare Econ		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. BARTLEY S ASNER			Date of Receipt 10 / 15 / 2014 Transaction ID : PR2578819435645
Mailing Address 25 OFFSHORE			Amount of Each Receipt this Period 21.47
City NEWPORT BEACH	State CA	Zip Code 92657-2162	P/R Deduction (\$21.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Optum Services, Inc	Occupation CEO Med Grp Physn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 257.64	

Full Name (Last, First, Middle Initial) C. LAURA CIAVOLA			Date of Receipt 10 / 15 / 2014 Transaction ID : PR2578824335645
Mailing Address 1686 WILDFIRE LANE			Amount of Each Receipt this Period 192.30
City FRISCO	State TX	Zip Code 75033-7325	P/R Deduction (\$192.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation SVP Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional).....▶	227.77
TOTAL This Period (last page this line 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 189 OF 234
	(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. NATHANAEL BUSBEE
Full Name (Last, First, Middle Initial)
Mailing Address 611 ORPINGTON RD
City BALTIMORE State MD Zip Code 21229-2128
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **722.15**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2578826735645
Amount of Each Receipt this Period **55.55**
P/R Deduction (\$55.55 Bi-Weekly)

B. JAY J COHEN
Full Name (Last, First, Middle Initial)
Mailing Address 2613 VICTORIA DR
City LAGUNA BEACH State CA Zip Code 92651-3948
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation CEO Med Grp Physn
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **937.50**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2578829635645
Amount of Each Receipt this Period **312.50**
P/R Deduction (\$312.50 Bi-Weekly)

C. RACHEL C FARMER
Full Name (Last, First, Middle Initial)
Mailing Address 1929 ALBIZIA COURT
City BATON ROUGE State LA Zip Code 70808-3973
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 ▼ **294.84**

Date of Receipt **10 / 15 / 2014**
Transaction ID : PR2595208335645
Amount of Each Receipt this Period **14.04**
P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	382.09
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 234
	<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. VINAY KONERU
Full Name (Last, First, Middle Initial)

Mailing Address 3150 CARRICK RD

City CUMMING State GA Zip Code 30040-6402

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

Name of Employer Optum Services, Inc Occupation Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.84**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2595218435645

Amount of Each Receipt this Period **14.04**

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 3872 KENNET CIRCLE

City EAGAN State MN Zip Code 55123-3952

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2595230935645

Amount of Each Receipt this Period **192.30**

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

C. SHERRI LEE GIORGIO
Full Name (Last, First, Middle Initial)

Mailing Address 311 WHITWORTH WAY

City NASHVILLE State TN Zip Code 37205-5017

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 ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2600648935645

Amount of Each Receipt this Period **38.46**

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

SUBTOTAL of Receipts This Page (optional)..... **244.80**

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 191 OF 234
	<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. WESTON PRICE SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 4114 MEDICAL DRIVE 22207

City SAN ANTONIO	State TX	Zip Code 78229-5667
---------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Med Dir
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.17**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2601125335645

Amount of Each Receipt this Period

30.77

P/R Deduction (\$30.77 Bi-Weekly)

B. ARTHUR LOUIS GLASGOW
Full Name (Last, First, Middle Initial)
Mailing Address 18218 HARBOR LIGHT BLVD

City CORNELIUS	State NC	Zip Code 28031-7791
-------------------	-------------	------------------------

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 ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2601127735645

Amount of Each Receipt this Period

15.00

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

C. TOM ROBERTS
Full Name (Last, First, Middle Initial)
Mailing Address 264 PORTERS HILL RD

City MONROE	State CT	Zip Code 06468-2236
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Act Svs
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : PR2601127835645

Amount of Each Receipt this Period

15.00

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

SUBTOTAL of Receipts This Page (optional).....▶	60.77
TOTAL This Period (last page this line 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 192 OF 234
<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. MARIANNE D SHORT		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2601133535645
Mailing Address 2215 SUMMIT AVENUE		Amount of Each Receipt this Period 192.30
City SAINT PAUL	State MN	Zip Code 55105-1002
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation EVP Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) B. CRAIG NEWTON		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2601133735645
Mailing Address 654 W GOLDFINCH WAY		Amount of Each Receipt this Period 14.04
City CHANDLER	State AZ	Zip Code 85286-4451
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.04 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

Full Name (Last, First, Middle Initial) C. AMY N SWANSON		Date of Receipt 10 / 15 / 2014 Transaction ID : PR2601140735645
Mailing Address 621 SPARROW WAY		Amount of Each Receipt this Period 277.77
City WADSWORTH	State OH	Zip Code 44281-7716
FEC ID number of contributing federal political committee. C		P/R Deduction (\$277.77 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.08	

SUBTOTAL of Receipts This Page (optional).....▶	484.11
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:	PAGE 193 OF 234
	(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. LORA ANN OLDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 20039 E BRIGHTWAY

City MOKENA State IL Zip Code 60448-1404

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

Name of Employer United HealthCare Services Inc Occupation Regl Dir Medicr Brkr SlS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2601147635645

Amount of Each Receipt this Period 9.62

P/R Deduction (\$9.62 Bi-Weekly)

B. DOUGLAS LEE MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 3900 BLACKJACK OAK LANE

City PLANO State TX Zip Code 75074-7790

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.73

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2601149635645

Amount of Each Receipt this Period 14.87

P/R Deduction (\$14.87 Bi-Weekly)

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

Mailing Address 23 BRIARWOOD ROAD

City WEST HARTFORD State CT Zip Code 06107-2902

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2601156935645

Amount of Each Receipt this Period 38.46

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

SUBTOTAL of Receipts This Page (optional).....▶ 62.95

TOTAL This Period (last page this line 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 194 OF 234
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANDREW W TICE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 JACKSON SPRINGS RD
 City State Zip Code
 MACON GA 31211-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Phys Advsr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2601160935645
 Amount of Each Receipt this Period
 27.86
 P/R Deduction (\$27.86 Bi-Weekly)

B. KATHRYN J HAYLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 BRIARWOOD LANE
 City State Zip Code
 LINCOLNSHIRE IL 60069-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Clin Advancement
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1780.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2601169035645
 Amount of Each Receipt this Period
 132.65
 P/R Deduction (\$132.65 Bi-Weekly)

C. ROGER RODRIGUEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 10501 SW 102 AVENUE
 City State Zip Code
 MIAMI FL 33176-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2601176835645
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 198.97
TOTAL This Period (last page this line 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 195 OF 234
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARC GORDON KAPROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 5079 SW 89TH AVE
 City COOPER CITY State FL Zip Code 33328-3636
 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 ▼ 260.70

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2601179035645
 Amount of Each Receipt this Period 26.07
 P/R Deduction (\$26.07 Bi-Weekly)

B. SUSAN BUSCH NEHRING
 Full Name (Last, First, Middle Initial)
 Mailing Address 2680 COUNTY ROAD NINETY
 City MAPLE PLAIN State MN Zip Code 55359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2605698335645
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. KELLY MARIE DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12013 TALIESIN PLACE UNIT 22
 City RESTON State VA Zip Code 20190-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 778.68

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2605734235645
 Amount of Each Receipt this Period 44.28
 P/R Deduction (\$44.28 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	108.81
TOTAL This Period (last page this line 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 196 OF 234
	(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. TRACY MALONE

Mailing Address 900 S 22ND ST

City ARLINGTON State VA Zip Code 22202-2625

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation External Affs Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2605736935645

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHELLE FERENSIC

Mailing Address 404 KENTUCKY BRANCH LANE

City JACKSONVILLE State FL Zip Code 32259-8863

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Prov Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2605738235645

Amount of Each Receipt this Period **19.23**

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. WILLIAM KARL KIEFER

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 ▼ **2422.98**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2605755635645

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **173.07**

TOTAL This Period (last page this line 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 197 OF 234
	(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. GLORIA AUSTIN

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 ▼
1764.72

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2605757435645

Amount of Each Receipt this Period
147.06

P/R Deduction (\$147.06 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LARRY SMITH

Mailing Address 1164 RUE CHINON

City State Zip Code
MANDEVILLE LA 70471-1213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Assc Dir Compli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2605760635645

Amount of Each Receipt this Period
31.25

P/R Deduction (\$31.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL E WEISSEL

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 ▼
2422.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : PR2606842935645

Amount of Each Receipt this Period
115.38

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	293.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 198 OF 234
	(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. JOHN MATTHEW MATECZUN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 700 SAINT GEORGE BARBER ROAD		Transaction ID : PR2606845135645
City DAVIDSONVILLE	State MD	Zip Code 21035-1348
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 251.71	
Name of Employer United HealthCare Services Inc	Occupation Pres M&V	P/R Deduction (\$251.71 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3741.43	

Full Name (Last, First, Middle Initial) B. THOMAS KARL ZIESMANN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 2004 ESTES PARK ROAD		Transaction ID : PR2606854435645
City SOUTHLAKE	State TX	Zip Code 76092-3855
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 369.87	
Name of Employer Optum Services, Inc	Occupation SVP Ops	P/R Deduction (\$369.87 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.67	

Full Name (Last, First, Middle Initial) C. JAN V EYER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 6241 CRESTBROOK DRIVE		Transaction ID : PR2606857535645
City MORRISON	State CO	Zip Code 80465-2225
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.04	
Name of Employer Optum Services, Inc	Occupation Exec Dir	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

SUBTOTAL of Receipts This Page (optional).....▶	635.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 199 OF 234
	(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. SHELLEY L KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 706 SUE BARNETT
 City HOUSTON State TX Zip Code 77018-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 957.68

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2607803035645
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. CYNTHIA ANN MARGRITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 16702 L STREET
 City OMAHA State NE Zip Code 68135-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2607806135645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

C. VINCENT C CEGLIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 BLOSSOM ROAD
 City HAMPTON State NJ Zip Code 08827-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.70

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2608052035645
 Amount of Each Receipt this Period 26.07
 P/R Deduction (\$26.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.11
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 200 OF 234
	<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. SHAWN DAVID SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 SNELLING AVE S
 City SAINT PAUL State MN Zip Code 55105-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2608059335645
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

B. LISA MARIE LANDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 PINEAPPLE STREET APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2608059335645
 Amount of Each Receipt this Period 62.50
 P/R Deduction (\$62.50 Bi-Weekly)

C. VIRGINIA A FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 VAN TERRACE
 City SPARKILL State NY Zip Code 10976-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2608061235645
 Amount of Each Receipt this Period 62.50
 P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 139.04
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 234
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	<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. SANDRA FERGUSON
Full Name (Last, First, Middle Initial)
Mailing Address 710 SOUTH SHERATON DRIVE

City AKRON	State OH	Zip Code 44319-1918
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Med Clin Ops
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2608061935645

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Bi-Weekly)

B. ALLYN RICHARD HECK
Full Name (Last, First, Middle Initial)
Mailing Address 3233 BARHITE STREET

City PASADENA	State CA	Zip Code 91107-1254
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Underwriting
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.84

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2609810935645

Amount of Each Receipt this Period
14.04

P/R Deduction (\$14.04 Bi-Weekly)

C. JAMES W EPEL
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 ▼
1875.00

Date of Receipt
10 / 15 / 2014
Transaction ID : PR2612532535645

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	239.04
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 234
	<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. BRENT ALLEN JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 NE TUDOR RD APT 2
 City State Zip Code
 LEES SUMMIT MO 64086-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 263.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2614312635645
 Amount of Each Receipt this Period
 20.28
 P/R Deduction (\$20.28 Bi-Weekly)

B. ABIGAIL LONDON VAIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3653 DWIGHT DAVIS DR
 City State Zip Code
 TALLAHASSEE FL 32312-1076
 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 ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2614315635645
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. SAMUEL O VANNORMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6216 CONCORD AVE
 City State Zip Code
 EDINA MN 55424-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Hlthcare Econ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 278.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2615086035645
 Amount of Each Receipt this Period
 17.38
 P/R Deduction (\$17.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	76.12
TOTAL This Period (last page this line 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 203 OF 234
	<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. RANDALL L SOLOMON
Full Name (Last, First, Middle Initial)

Mailing Address 760 HAIGHT STREET

City SAN FRANCISCO State CA Zip Code 94117-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation Assc Behvrl Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.64**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2615671535645

Amount of Each Receipt this Period **43.48**

P/R Deduction (\$43.48 Bi-Weekly)

B. MICHAEL BIRNBAUM
Full Name (Last, First, Middle Initial)

Mailing Address 55 DEAN STREET

City BROOKLYN State NY Zip Code 11201-6245

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.64**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2615671635645

Amount of Each Receipt this Period **43.48**

P/R Deduction (\$43.48 Bi-Weekly)

C. JENNIFER LORYN YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 321 CLINTON PLACE

City HACKENSACK State NJ Zip Code 07601-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc Occupation NA Vice Pres AM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.75**

Date of Receipt **10 / 15 / 2014**

Transaction ID : PR2615929435645

Amount of Each Receipt this Period **18.25**

P/R Deduction (\$18.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **105.21**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WESLEY KIRBY
Full Name (Last, First, Middle Initial)
Mailing Address 3213 SAGE BRUSH TRL
City PLANO State TX Zip Code 75023-5631
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Sr Cnslt Bus Adv/Tech
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 263.64

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2615957035645
Amount of Each Receipt this Period 20.28
P/R Deduction (\$20.28 Bi-Weekly)

B. ALAN H MIRVISS
Full Name (Last, First, Middle Initial)
Mailing Address 73 DOWNEY
City SAN FRANCISCO State CA Zip Code 94117-4015
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum360 Services Inc Occupation Sr Proj Mgr II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2617361735645
Amount of Each Receipt this Period 21.47
P/R Deduction (\$21.47 Bi-Weekly)

C. MARK OWEN JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 10529 MOUNT CURVE ROAD
City EDEN PRAIRIE State MN Zip Code 55347-2902
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation VP Ntwk Contrctng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 15 / 2014
Transaction ID : PR2617933935645
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 121.75
TOTAL This Period (last page this line 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 205 OF 234
	<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 GROVES JACOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6203 STONEHAM LANE
 City State Zip Code
 MCLEAN VA 22101-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2222.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2623707535645
 Amount of Each Receipt this Period
 555.55
 P/R Deduction (\$555.55 Bi-Weekly)

B. REBECCA HUMBERT MULES
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 DOVER STREET
 City State Zip Code
 BALTIMORE MD 21230-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2624442635645
 Amount of Each Receipt this Period
 142.86
 P/R Deduction (\$142.86 Bi-Weekly)

C. JENIFER JEAN FULLER JESSEP
 Full Name (Last, First, Middle Initial)
 Mailing Address 14320 KEITH COURT
 City State Zip Code
 BROOMFIELD CO 80023-9584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : PR2624445435645
 Amount of Each Receipt this Period
 166.67
 P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	865.08
TOTAL This Period (last page this line number only).....▶	35436.65

**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. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546623

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546624

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Billy Long

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546627

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Dave Joyce

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546630

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lamborn for Congress

Mailing Address PO Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Douglas L. Lamborn

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CO District: 05

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546633

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Keith Rothfus

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546635

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kristi For Congress

Mailing Address PO Box 852

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546636

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546638

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Coffman For Congress

Mailing Address 4950 S Yosemite Street F2 #511

City State Zip Code
Greenwood Village CO 80111

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546639

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**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. Graves for Congress

Mailing Address 2345 Grand Blvd
Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement
Contribution

Candidate Name
Rep. Samuel B. Graves

Office Sought: House
 Senate
 President
State: MO District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546640

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim F. Murphy

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546642

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy Lee Walberg

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546643

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patrick Joseph Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546646

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Titledown PAC

Mailing Address PO Box 15593

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Titledown PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546647

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : 37546665

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546666

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 901 N Washington St
Suite 700

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Common Values PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546670

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Contribution

011

Candidate Name

Eye of the Tiger Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 37546745

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	0	0	0	0	0	0	0	0	0

3	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. 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

Candidate Name

Rep. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546747

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kelly A. Ayotte

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546748

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Jeff Flake For Us Senate Inc

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement
Contribution

Candidate Name

Sen. Jeff Flake

Office Sought: House
 Senate
 President
State: AZ District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546749

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement Contribution

011

Candidate Name

Ryan Costello

Category/Type

Office Sought: House Senate President
State: PA District: 06

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598009

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Terri Sewell

Category/Type

Office Sought: House Senate President
State: AL District: 07

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598010

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz for US Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Timothy J. Walz

Category/Type

Office Sought: House Senate President
State: MN District: 01

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Tennessee Republican Party Federal Election Account

Mailing Address 2424 21st Ave
Suite 200

City Nashville State TN Zip Code 37212

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37598012

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Trott For Congress, Inc.

Mailing Address 2085 E. West Maple Road
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement
Contribution

Candidate Name

David Trott

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37598013

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution

Candidate Name

Michael Bishop

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37598014

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Yoder for Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

Transaction ID : 37598019

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

Transaction ID : 37598020

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Elise For Congress

Mailing Address PO Box 338

City Willsboro State NY Zip Code 12996

Purpose of Disbursement
Contribution

011

Candidate Name

Elise Stefanik

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

Transaction ID : 37598021

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State Zip Code
State College PA 16804

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Glenn Thompson

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : 37598027

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Turner

Mailing Address 120 W 2nd Street
Suite 1510

City State Zip Code
Dayton OH 45402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael Turner

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : 37598028

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : 37598029

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

75500.00

**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. North Carolina Republican Senate Caucus

Mailing Address 1506 Hillsborough St

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546664

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Tracy for State Senate

Mailing Address PO Box 332166

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name

TN Sen. Jim Tracy

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546755

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Re-elect Steve McDaniel

Mailing Address 97 Battleground Drive

City Parkers Crossroads State TN Zip Code 38388

Purpose of Disbursement
Contribution

Candidate Name

TN Rep. Steve McDaniel

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546756

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. MPAC

Mailing Address PO Box 381075

City State Zip Code
Germantown TN 38138

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546757

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. RAAMPAC

Mailing Address PO Box 158213

City State Zip Code
Nashville TN 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546758

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Travis Re-Elect Committee

Mailing Address 1158 Market St

City State Zip Code
Dayton TN 37321

Purpose of Disbursement
Contribution

Candidate Name

TN Rep. Ron Travis

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37546759

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. Alliance of Health Insurers PAC

Mailing Address 44 E Mifflin
Suite 901

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37578822

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Schmidt for Attorney General

Mailing Address PO Box 804

City Independence State KS Zip Code 67301

Purpose of Disbursement
Contribution

Candidate Name

Derek Schmidt

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37598051

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Brownback for Governor, Inc.

Mailing Address 1 SW Cedar Crest Road

City Topeka State KS Zip Code 66606

Purpose of Disbursement
Contribution

Candidate Name

Sam Brownback

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37598062

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. Hensley for Senate

Mailing Address 2226 SE Virginia Ave

City Topeka State KS Zip Code 66605

Purpose of Disbursement
Contribution

011

Candidate Name

Senator Anthony Hensley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598067

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mary Pilcher-Cook for Senate

Mailing Address 13910 W 58th Pl

City Shawnee State KS Zip Code 66216

Purpose of Disbursement
Contribution

011

Candidate Name

KS Sen. Mary Pilcher-Cook

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598068

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

C. Longbine for Senate

Mailing Address 2801 Lakeridge Rd

City Emporia State KS Zip Code 66801

Purpose of Disbursement
Contribution

011

Candidate Name

KS Sen. Jeff Longbine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598069

Amount of Each Disbursement this Period

300.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1550.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. King for Senate

Mailing Address 1212 North Second St

City Independence State KS Zip Code 67301

Purpose of Disbursement
Contribution

011

Candidate Name

KS Sen. Jeff King

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598070

Amount of Each Disbursement this Period

700.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kelly for Senate

Mailing Address 224 SW Greenwood Ave

City Topeka State KS Zip Code 66606

Purpose of Disbursement
Contribution

011

Candidate Name

KS Sen. Laura Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598071

Amount of Each Disbursement this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bruce for Senate

Mailing Address PO Box 726

City Hutchinson State KS Zip Code 67504

Purpose of Disbursement
Contribution

011

Candidate Name

KS Sen. Terry Bruce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598072

Amount of Each Disbursement this Period

700.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Olson for Senate

Mailing Address 15944 S Clairborne St

City Olathe State KS Zip Code 66062

Purpose of Disbursement Contribution

011

Candidate Name

KS Sen. Robert Olson

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598074

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Wagle for Senate

Mailing Address 14 N Sandalwood

City Wichita State KS Zip Code 67230

Purpose of Disbursement Contribution

011

Candidate Name

Senator Susan Wagle

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598075

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bowers for Senate

Mailing Address 1326 N 150th Rd

City Concor State KS Zip Code 66901

Purpose of Disbursement Contribution

011

Candidate Name

KS Sen. Elaine Bowers

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598076

Amount of Each Disbursement this Period

300.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Vickrey for Representative

Mailing Address 502 S Countryside Dr

City State Zip Code
Louisburg KS 66053

Purpose of Disbursement
Contribution

Candidate Name

Representa Jene Vickrey

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598077

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rob Bruchman for Representative

Mailing Address 5016 W 108th Terrace
#522

City State Zip Code
Overland Park KS 66211

Purpose of Disbursement
Contribution

Candidate Name

KS Rep. Rob Bruchman

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598078

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Merrick for Representative

Mailing Address 6874 W 164 Terrace

City State Zip Code
Stilwell KS 66085

Purpose of Disbursement
Contribution

Candidate Name

KS Rep. Ray Merrick

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : 37598079

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1250.00

**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. Mast for Representative

Mailing Address 765 Road 110

City Emporia State KS Zip Code 66801

Purpose of Disbursement
Contribution

011

Candidate Name

Representa Peggy Mast

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 13 / 2014

Transaction ID : 37598080

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bolz for Legislature

Mailing Address 2816 Jameson N
#1

City Lincoln State NE Zip Code 68516

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Kate Bolz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602300

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schilz for Legislature

Mailing Address 417 Crestview Dr

City Ogallala State NE Zip Code 68153

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Ken Schilz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602302

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Nebraskans for Tyson Larson

Mailing Address 104 E Windsor Ave

City State Zip Code
ONeill NE 68763

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Tyson Larson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602303

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Murante for Legislature

Mailing Address 11814 S 211th St

City State Zip Code
Gretna NE 68028

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. John Murante

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602304

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kintner for Legislature

Mailing Address 2103 Lakewood Dr

City State Zip Code
Papillion NE 68046

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Bill Kintner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602305

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kathy Campbell for Legislature

Mailing Address 6111 Chartwell Lane

City Lincoln State NE Zip Code 68516

Purpose of Disbursement
Contribution

Candidate Name

NE Sen. Kathy Campbell

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602306

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Gloor for Legislature

Mailing Address 2120 Barbara Ave.

City Grand Island State NE Zip Code 68803-6307

Purpose of Disbursement
Contribution

Candidate Name

NE Sen. Mike Gloor

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602307

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Neighbors for Sara Howard

Mailing Address 132 N. 40th Street

City Omaha State NE Zip Code 68131

Purpose of Disbursement
Contribution

Candidate Name

NE Sen. Sara Howard

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602308

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Nordquist for Legislature

Mailing Address 615 Dorcas Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Jeremiah Nordquist

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602310

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Watermeier for Legislature

Mailing Address 2529 J Road

City Syracuse State NE Zip Code 68446

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Daniel Watermeier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602311

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Krist for Legislature

Mailing Address 3103 Maplewood Blvd
Apt 81

City Omaha State NE Zip Code 68134

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Bob Krist

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : 37602312

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Colby Coash

Mailing Address 829 Mary Court

City Lincoln State NE Zip Code 68522

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Colby Coash

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602313

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends for Heath Mello

Mailing Address 5315 B Street

City Omaha State NE Zip Code 68106

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Heath Mello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602314

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends for Sue Crawford

Mailing Address 1806 Madison Street

City Bellevue State NE Zip Code 68005

Purpose of Disbursement
Contribution

011

Candidate Name

NE Sen. Sue Crawford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : 37602316

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Klint Kesto

Mailing Address PO Box 1193

City Walled Lake State MI Zip Code 48382

Purpose of Disbursement Contribution

011

Candidate Name

MI Rep. Klint Kesto

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602389

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Curtis Hertel Jr For Senate

Mailing Address 2747 Southwood Dr

City East Lansing State MI Zip Code 48823

Purpose of Disbursement Contribution

011

Candidate Name

Curtis Hertel Jr

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602390

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dave Hildenbrand for State Senate

Mailing Address PO Box 1075

City Grand Rapids State MI Zip Code 49501

Purpose of Disbursement Contribution

011

Candidate Name

MI Sen. Dave Hildenbrand

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602391

Amount of Each Disbursement this Period

750.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Jim Ananich Senate

Mailing Address 932 Maxine St

City Flint State MI Zip Code 48503

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Jim Ananich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602392

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Marleau for State Senate

Mailing Address 3181 Sandoval Dr.

City Lake Orion State MI Zip Code 48360

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. James Marleau

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602393

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sean McCann for State Senate

Mailing Address PO Box 50904

City Kalamazoo State MI Zip Code 49005

Purpose of Disbursement
Contribution

011

Candidate Name

Sean McCann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602394

Amount of Each Disbursement this Period

350.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Vincent Gregory for Senate

Mailing Address 19578 San Jose Blvd.

City Lathrup Village State MI Zip Code 48076

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Vincent Gregory

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602395

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuette for Attorney General

Mailing Address PO Box 27188

City Lansing State MI Zip Code 48909

Purpose of Disbursement
Contribution

011

Candidate Name

Bill Shuette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602396

Amount of Each Disbursement this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brian Calley for Michigan

Mailing Address PO Box 16173

City Lansing State MI Zip Code 48901

Purpose of Disbursement
Contribution

011

Candidate Name

Brian Calley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2014

Transaction ID : 37602397

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

1350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Peter MacGregor

Mailing Address 8209 Vista Royale Lane

City State Zip Code
Rockford MI 49341

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

MI Rep. Peter MacGregor

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37602398

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Brandon Dillon

Mailing Address 1455 Ball Ave NE

City State Zip Code
Grand Rapids MI 49505

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

MI Rep. Brandon Dillon

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37602420

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Steve Bullock

Mailing Address PO Box 1330

City State Zip Code
Helena MT 59620

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Steve Bullock

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37602427

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. Senate Republican Caucus

Mailing Address PO Box 331983

City Nashville State TN Zip Code 37203

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37602434

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. People to Elect Matt Baker

Mailing Address PO Box 602

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Representa Matthew Baker

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37602440

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Sam Smith

Mailing Address 826 Ridge Road

City Punxsutawney State PA Zip Code 15767

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

PA Rep. Samuel H. Smith

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37602447

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶