

**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="240637.43"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="61513.67"/> | <input type="text" value="519215.84"/> |
| (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="302151.10"/> | <input type="text" value="879725.14"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="141010.00"/> | <input type="text" value="718584.04"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="161141.10"/> | <input type="text" value="161141.10"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 56613.93 | 407738.19 |
| (ii) Unitemized | 4899.74 | 106327.65 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 61513.67 | 514065.84 |
| (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) | 61513.67 | 514065.84 |
| 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))..... ▶ | 61513.67 | 519215.84 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 61513.67 | 519215.84 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 72000.00 | 516500.00 |
| 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 | 10.00 | 24.04 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 10.00 | 24.04 |
| 29. Other Disbursements | 69000.00 | 202060.00 |
| 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)) .. | 141010.00 | 718584.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 141010.00 | 718584.04 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 61513.67 | 514065.84 |
| 34. Total Contribution Refunds (from Line 28(d)) | 10.00 | 24.04 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 61503.67 | 514041.80 |
| 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 221 |
| | <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)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. LISA M IVERSON | | Date of Receipt |
| Mailing Address 13341 CARRACH AVENUE | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : 25756032 |
| ROSEMOUNT | MN | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="153.84"/> |
| 55068-4774 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| United HealthCare Services Inc | Chief of Staff | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="307.68"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KEVIN P KANDALRAFT | | Date of Receipt |
| Mailing Address 3 METATE DRIVE | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : 25760436 |
| SANDIA PARK | NM | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="166.66"/> |
| 87047-8508 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| United HealthCare Services Inc | Plan Pres | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="249.99"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. VIVIAN M LINDSAY | | Date of Receipt |
| Mailing Address 14930 SW 39 ST | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : 37419332 |
| DAVIE | FL | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="178.57"/> |
| 33331-2767 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| United HealthCare Services Inc | SVP Ops | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="892.85"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="499.07"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 7 OF 221
(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. FAHAD AHMED

Mailing Address 14901 MCKISSON CT B

City State Zip Code
 SILVER SPRING MD 20906-6157

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

Name of Employer Occupation
 Optum Services, Inc Assc Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 08 / 01 / 2014
Transaction ID : 37419703

Amount of Each Receipt this Period
 370.00

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

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 ▼
 211.53

Date of Receipt
 08 / 15 / 2014
Transaction ID : 37448014

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. JOHN TYLER J MASON

Mailing Address PO BOX 2083

City State Zip Code
 CYPRESS CA 90630-1583

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 ▼
 500.00

Date of Receipt
 08 / 15 / 2014
Transaction ID : 37448250

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.23

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 8 OF 221 |
| <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. COLLEEN COPELAND
Full Name (Last, First, Middle Initial)

Mailing Address 2831 70TH STREET EAST

City State Zip Code
INVER GROVE HEIGHTS MN 55076-2059

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

Name of Employer Occupation
Optum Services, Inc Mgr IT Sys Anlys

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : 37515857

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$70.00

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

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code
UPPER ARLINGTON OH 43221-3810

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

Name of Employer Occupation
United HealthCare Services Inc Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1159794135022

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code
WEST WARWICK RI 02893-1985

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

Name of Employer Occupation
United HealthCare Services Inc Sr Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1159794635022

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 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: | PAGE 9 OF 221 |
| | (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)

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

Mailing Address 10 SHADOWOOD LANE

City State Zip Code
TRUMBULL CT 06611-4062

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1159803835022

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code
SENECA SC 29672-6764

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1159805535022

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 6520 SHENANDOAH DR

City State Zip Code
LINCOLN NE 68510-5159

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

Name of Employer Occupation
United HealthCare Services Inc Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1159806035022

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 120.00

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 10 OF 221
(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. 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 ▼ 1020.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159812835022
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. DAVID S WICHMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 ANTRIM ROAD
 City EDINA State MN Zip Code 55439-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159814735022
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159815935022
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.20
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 221 |
| <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. PATRICIA R SAURO
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc SVP UnitedHlthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1159816435022
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 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 ▼
 1700.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1159816635022
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 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 ▼
 3269.10

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1159816935022
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 221 |
| <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. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159817435022
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159817935022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. 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 ▼ 850.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1159819135022
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 394.00 |
| 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 13 OF 221 |
| | <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. DAVID J FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 LAWRENCE AVE
 City State Zip Code
 HIGHLAND PARK NJ 08904-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1159820235022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. RICHARD J MIGLIORI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 72
 City State Zip Code
 WAYZATA MN 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP Consumr Hlth Med Care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1159827435022
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JEANNINE M RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3269.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1159830035022
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 612.60 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 221 |
| | <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. Mr. ANTHONY WELTERS | | Date of Receipt |
| Mailing Address 919 SAIGON ROAD | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| MCLEAN | VA | 22102-2116 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR1332013235022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| United HealthCare Services Inc | Sr Advsr to Office of CEO | <input type="text" value="384.60"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$192.30 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3269.10"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ROBERT J BOHNENKAMP | | Date of Receipt |
| Mailing Address 4925 WOODS COURT | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| GREENWOOD | MN | 55331-9291 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR1551005635022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Optum Services, Inc | Bus Segment CIO | <input type="text" value="78.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$39.00 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="663.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MICHAEL J BRESOLIN | | Date of Receipt |
| Mailing Address 121 W VIEW STREET | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| LOMBARD | IL | 60148-1659 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR1551005735022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Optum Services, Inc | Dir Care Advocacy | <input type="text" value="40.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$20.00 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="340.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="502.60"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 221 |
| | <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 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 ▼ 1961.46

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1551133435022
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 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 ▼ 935.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1554323535022
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$55.00 Bi-Weekly)

C. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1575957635022
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.36
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1307.64

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1575958135022
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1575958535022
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1580863635022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 566.52 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 17 OF 221
(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 S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55405-2350

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

Name of Employer Occupation
 United HealthCare Services Inc UHC Chief Cnsmr Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1580864735022

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4516 DREXEL AVENUE

City State Zip Code
 EDINA MN 55424-1130

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

Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Grp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3269.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1580865335022

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 735 SAINT MORITZ

City State Zip Code
 VICTORIA MN 55386-3706

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1596304135022

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... **784.60**

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 18 OF 221
(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. THAD C JOHNSON

Mailing Address 9741 GLACIER BAY

City State Zip Code
 EDEN PRAIRIE MN 55347-2615

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

Name of Employer Occupation
 United HealthCare Services Inc Mkt Group Gen Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596304335022

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 9346 SHETLAND ROAD

City State Zip Code
 EDEN PRAIRIE MN 55347-3749

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

Name of Employer Occupation
 United HealthCare Services Inc VP Finance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596304635022

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 5401 LARADA LANE

City State Zip Code
 EDINA MN 55436-1024

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

Name of Employer Occupation
 United HealthCare Services Inc Mkt Group CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3269.10

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596305435022

Amount of Each Receipt this Period
 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 662.60

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 19 OF 221 |
| | <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 E THEISEN
Full Name (Last, First, Middle Initial)

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356-9312

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

Name of Employer Occupation
Optum Services, Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR1596305635022

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
TAMPA FL 33606-3614

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR1596306935022

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424-1158

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

Name of Employer Occupation
United HealthCare Services Inc SVP Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1870.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR1596307035022

Amount of Each Receipt this Period
220.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 20 OF 221
(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. MICHAEL J ANDERSON

Mailing Address 17907 INVERNESS CURVE

City State Zip Code
 EDEN PRAIRIE MN 55347-2155

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596309335022

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
B. 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 ▼ **663.00**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596309735022

Amount of Each Receipt this Period
78.00

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

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

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 ▼ **326.91**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR1596312935022

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional)..... **144.46**

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 21 OF 221 |
| | <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. KURT A HEUMANN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 9825 GERALD DR | | Transaction ID : PR1596313735022 |
| City SAINT LOUIS | State MO | Zip Code 63128-1767 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer United HealthCare Services Inc | Occupation VP Finance | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KATHLEEN A MALLATT | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 4304 SOUTH 167 AVENUE | | Transaction ID : PR1596315435022 |
| City OMAHA | State NE | Zip Code 68135-1353 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer United HealthCare Services Inc | Occupation Exec Dir | Amount of Each Receipt this Period 76.92 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 653.82 | P/R Deduction (\$38.46 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JOHN H RENNICK | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 3220 LAKEWOOD EDGE DRIVE | | Transaction ID : PR1596316835022 |
| City CHARLOTTE | State NC | Zip Code 28269-7705 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer United HealthCare Services Inc | Occupation Med Dir | Amount of Each Receipt this Period 38.46 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 326.91 | P/R Deduction (\$19.23 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 155.38 |
| 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 22 OF 221
(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. DANIEL I ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

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

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| United HealthCare Services Inc | Pres Ntwks |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR1596317335022

Amount of Each Receipt this Period

| |
|--------|
| 192.30 |
|--------|

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR1596317435022

Amount of Each Receipt this Period

| |
|--------|
| 192.30 |
|--------|

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

Full Name (Last, First, Middle Initial)
C. 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 ▼ **663.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR1596318435022

Amount of Each Receipt this Period

| |
|-------|
| 78.00 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 462.60 |
| 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 23 OF 221
(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 ALAN TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1596319035022
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. M LAURIE WASSERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 92 GOODWIN CIRCLE
 City HARTFORD State CT Zip Code 06105-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS NA VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1596319535022
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1596319635022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 128.46
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 24 OF 221 |
| | <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 P DODDY | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR1600597335022 |
| Mailing Address 1 ROXITICUS VIEW | | Amount of Each Receipt this Period 78.00 |
| City CHESTER | State NJ | Zip Code 07930-3020 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$39.00 Bi-Weekly) |
| Name of Employer Optum Services, Inc | Occupation VP Info Tech | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 663.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MICHAEL D MICHAUX | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR1600598535022 |
| Mailing Address 742 GOODRICH AVE | | Amount of Each Receipt this Period 200.00 |
| City SAINT PAUL | State MN | Zip Code 55105-3343 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$100.00 Bi-Weekly) |
| Name of Employer Optum Services, Inc | Occupation VP GM PCM | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. LEWIS G SANDY | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR1600598735022 |
| Mailing Address 4800 SUNNYSLOPE ROAD E | | Amount of Each Receipt this Period 200.00 |
| City EDINA | State MN | Zip Code 55424-1163 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$100.00 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation SVP Clin Advancement | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1700.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 478.00 |
| 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 25 OF 221 |
| | (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. 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 ▼ 1700.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1602669935022
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 1634.55

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1613243535022
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1653443135022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 432.30
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 26 OF 221
(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. STEVE R KOOREN
 Mailing Address 4444 ELLSWORTH DRIVE
 City State Zip Code
 EDINA MN 55435-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 3269.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1653443235022
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. THOMAS J BELLAMY
 Mailing Address 2743 THOMAS AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55416-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 980.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1653444335022
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DANIEL T SULLIVAN
 Mailing Address 57 QUORN HUNT ROAD
 City State Zip Code
 WEST SIMSBURY CT 06092-2524
 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 ▼
 323.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR1653445835022
 Amount of Each Receipt this Period
 150.30
 P/R Deduction (\$75.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.30
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 27 OF 221
(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 ▼ 1200.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1669432235022
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1806444735022
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. PAUL M EMERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1806750335022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 356.92
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 28 OF 221
(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. 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 ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1903550735022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1903560835022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR1903577135022
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.00
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 29 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125-9592

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

Name of Employer Occupation
Optum Services, Inc VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1903578135022

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
STILLWATER MN 55082-1063

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

Name of Employer Occupation
Optum Services, Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1903591135022

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 6766 IDLEWOOD WAY

City State Zip Code
EDEN PRAIRIE MN 55346-3506

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

Name of Employer Occupation
Optum Services, Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR1903612935022

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 306.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 OF 221 |
| | (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 C SANTELLI | | Date of Receipt |
| Mailing Address 20030 EXCELSIOR BLVD | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| EXCELSIOR | MN | 55331-8727 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR1903622035022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="200.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$100.00 Bi-Weekly) |
| Optum Services, Inc | SVP CIO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1700.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LORI A STEERUP | | Date of Receipt |
| Mailing Address 7019 DONLEA LANE | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| EDEN PRAIRIE | MN | 55346-3164 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR1903628635022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="28.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$14.00 Bi-Weekly) |
| United HealthCare Services Inc | Human Capital Partner Mgr | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="238.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PAUL D WEYMOUTH | | Date of Receipt |
| Mailing Address 317 WRIGHTS MILL RD | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| COVENTRY | CT | 06238-1559 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR1903636935022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="38.46"/> |
| Name of Employer | Occupation | P/R Deduction (\$19.23 Bi-Weekly) |
| Optum Services, Inc | VP IT | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="326.91"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="266.46"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 31 OF 221
(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. BRADLEY E ALLEN
 Mailing Address 1046 THORNBERRY CREEK DR
 City State Zip Code
 ONEIDA WI 54155-8632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119466835022
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RUSSELL A BENNETT
 Mailing Address 4 HALSEY AVE
 City State Zip Code
 LAGUNA NIGUEL CA 92677-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119468035022
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KATHIE L BRYAN
 Mailing Address 912 JOSHUA PLACE
 City State Zip Code
 SAN DIEGO CA 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Mrkting Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119469435022
 Amount of Each Receipt this Period
50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 32 OF 221 |
| <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. COLLEEN CAMPBELL | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 5515 W 73RD AVENUE | | Transaction ID : PR2119469935022 |
| City WESTMINSTER | State CO | Zip Code 80003-3311 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer United HealthCare Services Inc | Occupation Assc Dir Clin Qty | 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 ▼ 255.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. RICHARD A CROSS | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 11361 DONOVAN ROAD | | Transaction ID : PR2119471835022 |
| City ROSSMOOR | State CA | Zip Code 90720-2931 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Optum Services, Inc | Occupation Deputy Gen Counsel Mgr | 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 ▼ 425.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. KENNETH R DAVIS | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 315 N 71ST ST | | Transaction ID : PR2119472535022 |
| City SEATTLE | State WA | Zip Code 98103-5019 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer United HealthCare Services Inc | Occupation Med Dir | 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 ▼ 340.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.00 |
| 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 33 OF 221 |
| | (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. LINDA M DAYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
LONG BEACH CA 90815-3023

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

Name of Employer Occupation
Optum Services, Inc Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2119472635022

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 1390 FINCH LN

City State Zip Code
GREEN BAY WI 54313-6400

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

Name of Employer Occupation
United HealthCare Services Inc Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2119472835022

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DE PERE WI 54115-9456

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

Name of Employer Occupation
United HealthCare Services Inc Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2119475235022

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... **108.00**

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

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

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

FOR LINE NUMBER: PAGE 34 OF 221
(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 M HANSEN

Mailing Address 33 VIA CONOCIDO

City State Zip Code
 SAN CLEMENTE CA 92673-7044

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2295.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2119476735022

Amount of Each Receipt this Period
 270.00

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

Full Name (Last, First, Middle Initial)
B. SAMUEL W HO

Mailing Address 4220 OCEAN DR

City State Zip Code
 MANHATTAN BEACH CA 90266-3059

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

Name of Employer Occupation
 United HealthCare Services Inc Mkt Grp Chief Clin Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2614.60

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2119477935022

Amount of Each Receipt this Period
 307.60

P/R Deduction (\$153.80 Bi-Weekly)

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

Mailing Address 9 RIMROCK

City State Zip Code
 IRVINE CA 92603-3604

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2119479135022

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 627.60

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 35 OF 221 |
| | (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 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 ▼
1632.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2119479235022

Amount of Each Receipt this Period
192.00

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 ▼
255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2119480235022

Amount of Each Receipt this Period
30.00

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 ▼
255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2119482235022

Amount of Each Receipt this Period
30.00

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 36 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. HEATHER 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119482535022
 Amount of Each Receipt this Period 40.00
 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119483035022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119485035022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
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 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. TRACY L OLLMANN-WAGNER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 2839 TIMBER LANE | | Transaction ID : PR2119485235022 |
| City GREEN BAY | State WI | Zip Code 54313-5841 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer United HealthCare Services Inc | Occupation Mgr Sis Ops | 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 ▼ 255.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LYNDA A PAXSON | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 3924 E GARNET PL | | Transaction ID : PR2119485835022 |
| City HIGHLANDS RANCH | State CO | Zip Code 80126-5044 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer United HealthCare Services Inc | Occupation Sr Field Acct Mgr | 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 ▼ 425.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DIANA S PETE | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 9010 MORNINGSTAR DRIVE | | Transaction ID : PR2119486335022 |
| City SUGAR LAND | State TX | Zip Code 77479-3316 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 24.00 |
| Name of Employer United HealthCare Services Inc | Occupation Dir Utilization Mgmt | 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 ▼ 204.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 221 |
| | <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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119486435022

Amount of Each Receipt this Period 30.00

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 ▼ 2295.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119486735022

Amount of Each Receipt this Period 270.00

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 ▼ 1700.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119486835022

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 221
(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. JAMES E PROCHNOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 RUSTIC OAK DRIVE
 City LUXEMBURG State WI Zip Code 54217-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119487235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MARILYNN D STYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6485 WAYFINDERS CT
 City CARLSBAD State CA Zip Code 92011-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119490735022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CHERYL TANIGAWA MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5598 NAPLES CANAL
 City LONG BEACH State CA Zip Code 90803-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Entrprs Hlth Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119491135022
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 260.30
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 40 OF 221
(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. CHERYL A THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 FOREST DR
 City State Zip Code
 SOBIESKI WI 54171-9748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Compli
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119491635022
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. STEVEN M TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12331 COUNTRY LANE
 City State Zip Code
 SANTA ANA CA 92705-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1632.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119492035022
 Amount of Each Receipt this Period
 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. SUSAN VANASTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address N2249 NICOLE COURT
 City State Zip Code
 KAUKAUNA WI 54130-9462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Site Dir Medicr Ins SlS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2119492635022
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119493535022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GREGORY WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 13901 MAUVE DRIVE
 City SANTA ANA State CA Zip Code 92705-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119494135022
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. GEORGE M YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 36296 N 98TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-3138
 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2119494435022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.00 |
| 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 42 OF 221 |
| | (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. FORREST G BURKE
Full Name (Last, First, Middle Initial)

Mailing Address 380 LEAF STREET

City State Zip Code
ORONO MN 55356-9733

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133132435022

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 831 RATLEY ROAD

City State Zip Code
WEST SUFFIELD CT 06093-2400

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

Name of Employer Occupation
Optum Services, Inc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133132535022

Amount of Each Receipt this Period
24.00

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

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

Mailing Address 1929 FAIRMOUNT AVE

City State Zip Code
SAINT PAUL MN 55105-1539

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

Name of Employer Occupation
Optum Services, Inc Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133132635022

Amount of Each Receipt this Period
30.00

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 254.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 221 |
| | <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. BROR O HULTGREN

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 ▼
1310.07

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133133235022

Amount of Each Receipt this Period
264.42

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

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

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 ▼
595.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133133635022

Amount of Each Receipt this Period
70.00

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

Full Name (Last, First, Middle Initial)
C. SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City DES PLAINES State IL Zip Code 60016-2119

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

Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3281.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2133133835022

Amount of Each Receipt this Period
386.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.42

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: (check only one) | PAGE 44 OF 221 |
| | <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. KIMBERLY ALLENE NETTLETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5003 DARNELL
 City HOUSTON State TX Zip Code 77096-1510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2133133935022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2133134235022
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2133134635022
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 464.60 |
| 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 45 OF 221
(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 ▼ **653.82**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2145728435022
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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 Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2145729235022
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. LEAH C RUMMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12100 TRAUTWEIN ROAD
 City AUSTIN State TX Zip Code 78737-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2145729535022
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 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: | PAGE 46 OF 221 |
| | (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. DANNETTE L SMITH

Mailing Address 7475 FLYING CLOUD DRIVE #402

| | | |
|----------------------|-------------|------------------------|
| City EDEN PRAIRIE | State MN | Zip Code 55344-3823 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3281.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2145729935022

Amount of Each Receipt this Period
386.00

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

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

Mailing Address 26091 RED CORRAL ROAD

| | | |
|----------------------|-------------|------------------------|
| City LAGUNA HILLS | State CA | Zip Code 92653-6310 |
|----------------------|-------------|------------------------|

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

| | |
|---|--------------------------|
| Name of Employer Optum Services, Inc | Occupation VP Actuary |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2145730235022

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 37 HIDDEN TRAIL

| | | |
|----------------|-------------|------------------------|
| City IRVINE | State CA | Zip Code 92603-0212 |
|----------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer Optum Services, Inc | Occupation SVP Bus Ops |
|---|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2162867635022

Amount of Each Receipt this Period
384.60

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 870.60 |
| 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 47 OF 221
(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. 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 ▼ 1961.46

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2225166735022
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. 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 ▼ 980.90

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2225813635022
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2225818435022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 376.16 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 48 OF 221 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. MICHAEL 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 **340.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2225818835022
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. ERIC S RANGEN
Full Name (Last, First, Middle Initial)
Mailing Address 15348 RED OAKS ROAD SE
City PRIOR LAKE State MN Zip Code 55372-1834
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3269.10**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2225819335022
Amount of Each Receipt this Period **384.60**
P/R Deduction (\$192.30 Bi-Weekly)

C. JOHN D RYAN
Full Name (Last, First, Middle Initial)
Mailing Address 45 WESTMORELAND LN
City NAPERVILLE State IL Zip Code 60540-5817
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation RVP Clnt Mgmt Svc
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **653.82**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2225819635022
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **501.52**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 49 OF 221
(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. ROY THOMAS SAILOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 COYOTE WILLOW DRIVE
 City State Zip Code
 COLORADO SPRINGS CO 80921-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Clnt Svc Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1307.64

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2225819735022
 Amount of Each Receipt this Period
 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. MICHAEL LEE CORNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12642 CHIEFS COURT
 City State Zip Code
 FISHERS IN 46037-9553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2231346935022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. KAREN A DIPALMO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7533 PRAIRIE VIEW DR
 City State Zip Code
 INDIANAPOLIS IN 46256-8408
 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 ▼
 510.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2231347235022
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.84
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 50 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. DARRELL 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 ▼ 1360.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2231352335022
 Amount of Each Receipt this Period 160.00
 P/R Deduction (\$80.00 Bi-Weekly)

B. 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 ▼ 1700.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2247625835022
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOSEPH R CARCIONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 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 ▼ 980.90

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2247626835022
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 475.40 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 51 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KEVIN 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 ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2247627035022
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. 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 ▼
 1634.55

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2247627335022
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City State Zip Code
 WEST SIMSBURY CT 06092-2017
 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 ▼
 980.90

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2247627435022
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.70
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. SANJAY GARODIA
 Mailing Address 282 MIDDAUGH
 City State Zip Code
 CLARENDON HILLS IL 60514-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2247627835022
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DANIEL L OHMAN
 Mailing Address 8970 MOOR PARK RUN
 City State Zip Code
 DULUTH GA 30097-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1634.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2247628035022
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JEFFREY J CRUMBAUGH
 Mailing Address 12946 SNOW LAKE DR
 City State Zip Code
 FRISCO TX 75035-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc M R Sls Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2259635235022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.22
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 53 OF 221 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1550

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2259738435022

Amount of Each Receipt this Period 194.00

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

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

Mailing Address 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 ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2270522935022

Amount of Each Receipt this Period 76.92

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

C. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2402315735022

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 298.92

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 54 OF 221 |
| | <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. MJ FRASCINO | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2402316535022 |
| Mailing Address 7 PIONEER DRIVE | | Amount of Each Receipt this Period 28.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.00 | P/R Deduction (\$14.00 Bi-Weekly) |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ANGELA DAWN KEPLEY CARRIER | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2402317735022 |
| Mailing Address 3219 PENINSULA DRIVE | | Amount of Each Receipt this Period 40.00 |
| City JAMESTOWN | State NC | Zip Code 27282-8717 |
| FEC ID number of contributing federal political committee. C | Name of Employer United HealthCare Services Inc | Occupation Dir Med Clin Ops |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. MARILYN LEVI-BAUMGARTEN | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2402317935022 |
| Mailing Address 4800 W 27TH ST | | Amount of Each Receipt this Period 40.00 |
| City SAINT LOUIS PARK | State MN | Zip Code 55416-1933 |
| FEC ID number of contributing federal political committee. C | Name of Employer Optum 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 ▼ 340.00 | P/R Deduction (\$20.00 Bi-Weekly) |

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

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

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

FOR LINE NUMBER: PAGE 55 OF 221
(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. 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 ▼
 1446.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402318235022

Amount of Each Receipt this Period
 234.20

P/R Deduction (\$117.10 Bi-Weekly)

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

Mailing Address 7511 4TH AVENUE DRIVE NW

City State Zip Code
 BRADENTON FL 34209-7219

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 ▼
 320.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402318435022

Amount of Each Receipt this Period
 20.00

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

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

Mailing Address 5801 CHOWEN AVE S

City State Zip Code
 EDINA MN 55410-2759

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

Name of Employer Occupation
 Optum Services, Inc Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402318535022

Amount of Each Receipt this Period
 30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.20

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

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

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

FOR LINE NUMBER: PAGE 56 OF 221
(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. SHELLEY WIKE CRANLEY
 Mailing Address 3801 MAURICE COURT
 City State Zip Code
 LAS VEGAS NV 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402444435022
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JAY M ANLIKER
 Mailing Address 4306 MOUNTAIN LANE
 City State Zip Code
 WAUSAU WI 54401-8543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO TPA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402445035022
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES H BECKER
 Mailing Address 378 FERNDAL ROAD WEST
 City State Zip Code
 WAYZATA MN 55391-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2615.45

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2402445135022
 Amount of Each Receipt this Period
 307.70
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 397.70
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 57 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 4720 WEST 66TH STREET

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| EDINA | MN | 55435-1506 |

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

| | |
|--------------------------------|--------------|
| Name of Employer | Occupation |
| United HealthCare Services Inc | SVP Empl Rel |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2402445235022

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

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

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

Mailing Address 11688 TANGLEWOOD DRIVE

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| EDEN PRAIRIE | MN | 55347-4726 |

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

| | |
|---------------------|-----------------|
| Name of Employer | Occupation |
| Optum Services, Inc | Bus Segment CEO |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3281.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2402445635022

Amount of Each Receipt this Period

| |
|--------|
| 386.00 |
|--------|

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

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

Mailing Address 2208 ELM AVENUE

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| MANHATTAN BEACH | CA | 90266-2809 |

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

| | |
|--------------------------------|--------------|
| Name of Employer | Occupation |
| United HealthCare Services Inc | VP Regl Affs |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2402446235022

Amount of Each Receipt this Period

| |
|-------|
| 60.00 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 646.00 |
| 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 58 OF 221 |
| | <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. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City State Zip Code
CHEVY CHASE MD 20815-5234

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

Name of Employer Occupation
United HealthCare Services Inc EVP External Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3269.10

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2405428835022

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 495 HIGHCROFT ROAD

City State Zip Code
WAYZATA MN 55391-1548

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 ▼
1649.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2405431135022

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 105 N FLORENCE AVE

City State Zip Code
LITCHFIELD PARK AZ 85340-4424

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 ▼
340.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2408544835022

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 618.60

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 59 OF 221
(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. 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 Sls OptumI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2408545035022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GAIL KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2437119535022
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2437119735022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 464.62
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 60 OF 221
(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. 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 ▼
653.82

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2437120035022

Amount of Each Receipt this Period
76.92

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 ▼
255.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2437120135022

Amount of Each Receipt this Period
30.00

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

Full Name (Last, First, Middle Initial)
C. JACK S WEISS

Mailing Address **6245 NORTH 75 STREET**

City **SCOTTSDALE** State **AZ** Zip Code **85250-4621**

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

Name of Employer **United HealthCare Services Inc** Occupation **Bus Seg Chief Med Off**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2437120535022

Amount of Each Receipt this Period
50.00

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

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 221 |
| | <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 JOSEPH BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City State Zip Code
 BROOKLYN PARK MN 55443-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2437120735022
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. LAURA L NESS
 Full Name (Last, First, Middle Initial)
 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 ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2437121535022
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN W COSGRIFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1837 SUMMIT LANE
 City State Zip Code
 MENDOTA HEIGHTS MN 55118-4137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 3207.20

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2437121635022
 Amount of Each Receipt this Period
 398.40
 P/R Deduction (\$199.20 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 596.40 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 62 OF 221
(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. PETER W RAINEY

Mailing Address 3115 WEST 47 STREET

City State Zip Code
 MINNEAPOLIS MN 55410-1857

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

Name of Employer Occupation
 United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1955.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2437127535022

Amount of Each Receipt this Period
 230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code
 WASHINGTON DC 20003-4212

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

Name of Employer Occupation
 United HealthCare Services Inc VP External Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3269.27

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2439928035022

Amount of Each Receipt this Period
 384.62

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

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

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 ▼
 1700.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2444265735022

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 814.62

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 63 OF 221 |
| | <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. DONALD S LANGER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 5110 OAK RAMBLING DRIVE | | Transaction ID : PR2445015435022 |
| City KATY | State TX | Zip Code 77494-1971 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer United HealthCare Services Inc | Occupation Plan Pres | 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 ▼ 340.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. NANCY A LIND | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 2703 NORTHVIEW LANE | | Transaction ID : PR2445016235022 |
| City CEDAR FALLS | State IA | Zip Code 50613-1655 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| Name of Employer United HealthCare Services Inc | Occupation Dir 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 ▼ 238.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. AMY R ADLINGTON SHKABERIN | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 4428 XERXES AVENUE S | | Transaction ID : PR2445016435022 |
| City MINNEAPOLIS | State MN | Zip Code 55410-1417 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 192.30 |
| Name of Employer Optum Services, Inc | Occupation VP Human Capital | 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 ▼ 1634.55 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 260.30 |
| 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 64 OF 221 |
| <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. LILLI ANN HIRSH | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2445016735022 |
| Mailing Address 7379 DEVIN LANE | | Amount of Each Receipt this Period 28.00 |
| City SHAKOPEE | State MN | Zip Code 55379-7029 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$14.00 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation Human Capital Partner Mgr | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MARK J DUHAIME | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2445016935022 |
| Mailing Address 5781 RUBY DRIVE | | Amount of Each Receipt this Period 192.30 |
| City TROY | State MI | Zip Code 48085-3922 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$96.15 Bi-Weekly) |
| Name of Employer Optum Services, Inc | Occupation VP Info Tech | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1634.55 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DAVID B SIEGEL | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2445017135022 |
| Mailing Address 264 LAKEWOOD DRIVE | | Amount of Each Receipt this Period 91.26 |
| City BLOOMFIELD HILLS | State MI | Zip Code 48304-3531 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$45.63 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation Med Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 775.71 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 311.56 |
| TOTAL This Period (last page this line 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 65 OF 221
(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. EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City State Zip Code
 SHOKAN NY 12481-5400

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **470.90**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2460167235022

Amount of Each Receipt this Period
55.40

P/R Deduction (\$27.70 Bi-Weekly)

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

Mailing Address 9958 BUTTOWNDOWN LANE

City State Zip Code
 ZIONSVILLE IN 46077-8135

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2460167335022

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. JUNE THIELEN

Mailing Address 6245 WAKEFIELD COURT

City State Zip Code
 SHAKOPEE MN 55379-7091

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Human Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.60**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2460167535022

Amount of Each Receipt this Period
27.60

P/R Deduction (\$13.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **123.00**

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 221 |
| | (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. LARRY C RENFRO

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 ▼ **3269.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR2460168135022

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-2229

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR2460168235022

Amount of Each Receipt this Period
192.30

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

Full Name (Last, First, Middle Initial)
C. ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324-3081

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **544.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR2463723135022

Amount of Each Receipt this Period
64.00

P/R Deduction (\$32.00 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 640.90 |
| 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 67 OF 221 |
| | <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. KAREN L WALKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6359 COUNTRY ROAD
 City State Zip Code
 EDEN PRAIRIE MN 55346-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2463723435022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. SUE SCHICK
 Full Name (Last, First, Middle Initial)
 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 ▼ 3105.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2480620535022
 Amount of Each Receipt this Period 390.00
 P/R Deduction (\$195.00 Bi-Weekly)

C. CHRISTOPHER MARK ABBOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address W154N6076 HICKORY HOLLOW CT
 City State Zip Code
 MENOMONEE FALLS WI 53051-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2484541535022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 458.00 |
| 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 221
(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. 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 ▼
 510.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2484542135022
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. MARK A PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 LUCY RIDGE CT
 City State Zip Code
 CHANHASSEN MN 55317-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1634.55

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2484542635022
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. JERI G KUBICKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 7659 COLDSTREAM DRIVE
 City State Zip Code
 CINCINNATI OH 45255-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 3269.10

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2486697835022
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 636.90
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 69 OF 221 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. THOMAS B MANDERFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 PENN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2486697935022
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 WILDHURST ROAD
 City State Zip Code
 EXCELSIOR MN 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2491457035022
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. DONALD H NATHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 GREENWICH STREET #30
 City State Zip Code
 NEW YORK NY 10007-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Chief Comm Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2352.88

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2491457335022
 Amount of Each Receipt this Period 588.22
 P/R Deduction (\$294.11 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 868.22 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 70 OF 221
(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. 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 ▼
1649.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2491457535022

Amount of Each Receipt this Period
194.00

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

B. 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 ▼
255.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2538641535022

Amount of Each Receipt this Period
30.00

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

C. 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 ▼
3269.10

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2540175335022

Amount of Each Receipt this Period
384.60

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 608.60 |
| 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 71 OF 221
(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. HYLIIUS 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 ▼ **850.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2541300435022
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ **1616.55**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2541300635022
 Amount of Each Receipt this Period **196.30**
 P/R Deduction (\$98.15 Bi-Weekly)

C. 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 ▼ **629.04**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2541300735022
 Amount of Each Receipt this Period **76.88**
 P/R Deduction (\$38.44 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **373.18**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN 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 ▼ 1634.72

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2541300835022
 Amount of Each Receipt this Period 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

B. 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 ▼ 510.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2542541935022
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. 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 ▼ 850.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2542542235022
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 352.32
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: PAGE 73 OF 221
(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. IPYANA SPENCER

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 ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2542542335022

Amount of Each Receipt this Period
60.00

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

Full Name (Last, First, Middle Initial)
B. ANNE YAU

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 ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2543582535022

Amount of Each Receipt this Period
30.00

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

Full Name (Last, First, Middle Initial)
C. CHANTA G COMBS

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 ▼ **4653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2552313535022

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **166.92**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 221 |
| | <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. JEANNE M PACE | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 458 MORENO ROAD | | Transaction ID : PR2552313735022 |
| City WYNNEWOOD | State PA | Zip Code 19096-1124 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 78.00 | |
| Name of Employer United HealthCare Services Inc | Occupation KA Sr Acct Exe | 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 ▼ 663.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. JEFFREY D ALTER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 3 WOODLAND ROAD | | Transaction ID : PR2552960235022 |
| City PORT JEFFERSON | State NY | Zip Code 11777-1053 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 307.70 | |
| Name of Employer United HealthCare Services Inc | Occupation Bus Segment CEO | P/R Deduction (\$153.85 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2615.45 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. KEVIN BROOKS | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 2750 FOUNTAIN LANE NORTH | | Transaction ID : PR2552961035022 |
| City PLYMOUTH | State MN | Zip Code 55447-1705 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 28.00 | |
| Name of Employer Optum Services, Inc | Occupation Dir Mktg | 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 ▼ 238.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 413.70 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 221 |
| | <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 A BRUNELL

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 Clnt Svc Acct Mgt**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552961235022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

Full Name (Last, First, Middle Initial)
B. JEREMY VAUGHN BRYANT

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 ▼ **595.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552961335022

Amount of Each Receipt this Period

| |
|-------|
| 70.00 |
|-------|

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

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

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 ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552962235022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

P/R Deduction (\$14.00 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: PAGE 76 OF 221
(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 F FLANNERY

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 ▼ **663.00**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552962335022

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. WILLIAM W GWINN

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 ▼ **238.68**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552962635022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLAIRE L HANNAN

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 ▼ **663.00**

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552962735022

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **184.08**

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 77 OF 221 |
| | (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. OREN J HERMEL
Full Name (Last, First, Middle Initial)

Mailing Address 7705 WALDEN BLVD

City WAUSAU State WI Zip Code 54401-9006

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552962835022

Amount of Each Receipt this Period 28.00

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

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

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1362.28

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552963235022

Amount of Each Receipt this Period 252.82

P/R Deduction (\$126.41 Bi-Weekly)

C. BRADLEY C JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 6705 SOUTHCREST DRIVE

City EDINA State MN Zip Code 55435-1549

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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552963435022

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.82

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: PAGE 78 OF 221
(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. NARASIMHAN KIDAMBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18477 85TH AVE N
 City State Zip Code
 MAPLE GROVE MN 55311-1663
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2552963835022
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JOHN H LOVELADY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6268 ORCHARD PARK
 City State Zip Code
 FRISCO TX 75034-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2552964235022
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City State Zip Code
 PRIOR LAKE MN 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2552964435022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 260.30
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 79 OF 221 |
| <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. 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 ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552964735022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

B. 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 ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552964835022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

C. REBECCA BALLARD MCCABE
Full Name (Last, First, Middle Initial)

Mailing Address 111 CONNORS CIRCLE

| | | |
|--------------|-------------|------------------------|
| City CARY | State NC | Zip Code 27511-6693 |
|--------------|-------------|------------------------|

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

| | |
|--|------------------------------|
| Name of Employer United HealthCare Services Inc | Occupation KA Sr Acct Exe |
|--|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2552964935022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 221 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. 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 ▼ 214.34

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552965035022
 Amount of Each Receipt this Period 41.24
 P/R Deduction (\$20.62 Bi-Weekly)

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552965235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. GARY W PEKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8350 CRABAPPLE COURT
 City VICTORIA State MN Zip Code 55386-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2552965335022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 97.24 |
| TOTAL This Period (last page this line 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 221 |
| | <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. DONALD W POTTER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 116 FULLER LANE | | Transaction ID : PR2552965435022 |
| City WINNETKA | State IL | Zip Code 60093-4213 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer United HealthCare Services Inc | Occupation NA VP Clnt Relationship | Amount of Each Receipt this Period 28.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.00 | P/R Deduction (\$14.00 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KRISTINE G SAMSEL | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 91 WAVERLY RD | | Transaction ID : PR2552965735022 |
| City HUNTINGTON | State CT | Zip Code 06484-5835 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer United HealthCare Services Inc | Occupation Dir Gen Mgmt | Amount of Each Receipt this Period 28.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.00 | P/R Deduction (\$14.00 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. BARRY R STREIT | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 5421 KELLOGG AVENUE | | Transaction ID : PR2552966735022 |
| 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 SIs | Amount of Each Receipt this Period 78.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 663.00 | P/R Deduction (\$39.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 134.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 82 OF 221
(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. ANN R TINKER

Mailing Address 530 HUNTER FLAT STREET

City State Zip Code
 LAS VEGAS NV 89138-1110

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552966835022

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 534 WAYZATA BLVD E

City State Zip Code
 WAYZATA MN 55391-1727

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

Name of Employer Occupation
 United HealthCare Services Inc VP Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552966935022

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. AARON C WACKER

Mailing Address 4704 CAVAN ROAD

City State Zip Code
 MOUND MN 55364-1877

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

Name of Employer Occupation
 Optum Services, Inc Dir Apps Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2552967035022

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 221
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. SCOTT A NAASZ

Mailing Address 14327 BLUEBIRD TRAIL NE

City State Zip Code
PRIOR LAKE MN 55372-1204

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

Name of Employer Occupation
United HealthCare Services Inc VP Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2553474735022

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
B. MONICA L RAYBURN

Mailing Address 688 WEST SYCAMORE

City State Zip Code
VERNON HILLS IL 60061-1084

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

Name of Employer Occupation
United HealthCare Services Inc Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2553475135022

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 1101 ROSEWOOD DRIVE

City State Zip Code
ATLANTA GA 30306-3554

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

Name of Employer Occupation
Optum Services, Inc Bus Adv/Tech Cnslt Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2553475335022

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 5121 DUPONT AVENUE SOUTH

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

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

| | |
|--------------------------------|-------------|
| Name of Employer | Occupation |
| United HealthCare Services Inc | VP Gen Mgmt |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1649.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2553475435022

Amount of Each Receipt this Period

| |
|--------|
| 194.00 |
|--------|

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

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

Mailing Address 5201 KELLOGG AVENUE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3281.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2553475535022

Amount of Each Receipt this Period

| |
|--------|
| 386.00 |
|--------|

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

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

Mailing Address 61234 ADMIRAL DRIVE

| | | |
|---------------------|-------|------------|
| City | State | Zip Code |
| WASHINGTON TOWNSHIP | MI | 48094-1242 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2553475735022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 608.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 85 OF 221
(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. COLLEEN C COHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 17402 SAINT THERESA DRIVE
 City OLNEY State MD Zip Code 20832-2547
 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2554012735022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2554012935022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2554013035022
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 256.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 86 OF 221
(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 MEYER

Mailing Address 20676 HAZELWOOD TRAIL

City State Zip Code
 LAKEVILLE MN 55044-4678

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Compli

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2554013135022

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 10733 TAVISTOCK DRIVE

City State Zip Code
 TAMPA FL 33626-1718

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

Name of Employer Occupation
 Optum Services, Inc Sls Dir Care Mgmt & Del

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2554013235022

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. GREGORY D REIDY

Mailing Address 5251 MCGAVOCK RD

City State Zip Code
 BRENTWOOD TN 37027-5197

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2554013335022

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 221
(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. 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 ▼ 400.02

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2554208135022
 Amount of Each Receipt this Period 133.34
 P/R Deduction (\$66.67 Bi-Weekly)

B. ASIR U AHMAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 HILLWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560064035022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOY L ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5116 NORTH TIOGA WAY
 City LAS VEGAS State NV Zip Code 89149-5830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Assc Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560064135022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 189.34
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 88 OF 221
(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. JIM L BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 PINE TIP ROAD
 City TALLAHASSEE State FL Zip Code 32312-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560064235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560064435022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CRAIG W GAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 BAYSHORE BLVD UNIT 1407
 City TAMPA State FL Zip Code 33606-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560064735022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 89 OF 221
(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. PAULA A GAZELEY
 Mailing Address 36 MAYFAIR ROAD
 City State Zip Code
 WYNANTSKILL NY 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Regn Pharm Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2560064835022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD J GIANCURSIO
 Mailing Address 72 MIDNIGHT RIDGE DR
 City State Zip Code
 LAS VEGAS NV 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Plan of Nevada Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3281.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2560064935022
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI L JONES
 Mailing Address 512 W ORANGEWOOD AVE
 City State Zip Code
 PHOENIX AZ 85021-7252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1257.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2560065135022
 Amount of Each Receipt this Period
 276.14
 P/R Deduction (\$138.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 690.14
TOTAL This Period (last page this line 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 90 OF 221 |
| | <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. 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 ▼
1649.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560065435022

Amount of Each Receipt this Period
194.00

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

B. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

| | | |
|-------------------|-------------|------------------------|
| City MILWAUKEE | State WI | Zip Code 53211-3845 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer United HealthCare Services Inc | Occupation SB VP Sls Acct Mgmt |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1649.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560065535022

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 33 FOUR SEASONS DRIVE

| | | |
|---------------|-------------|------------------------|
| City ALTON | State NH | Zip Code 03809-4872 |
|---------------|-------------|------------------------|

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

| | |
|--|------------------------------------|
| Name of Employer United HealthCare Services Inc | Occupation SVP Act Underwriting |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1649.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560065635022

Amount of Each Receipt this Period
194.00

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 582.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 91 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KEVIN MICHAEL MARONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5052 NORMAN DRIVE
 City State Zip Code
 MINNETONKA MN 55345-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560065735022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DAVID MILICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 BIRCHMERE COURT
 City State Zip Code
 KATY TX 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560066035022
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. WILLIAM B O'BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 22191 WESTCLIFF
 City State Zip Code
 MISSION VIEJO CA 92692-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Sr Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560066135022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 92 OF 221 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. RICHARD A PERRIER
Full Name (Last, First, Middle Initial)
Mailing Address 3161 EMERALD VALLEY ROAD

| | | |
|----------------------|-------------|------------------------|
| City ELLCOTT CITY | State MD | Zip Code 21042-1013 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2560066235022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

B. DONALD G ROWE
Full Name (Last, First, Middle Initial)
Mailing Address 5 LANTERN LANE

| | | |
|-----------------|-------------|------------------------|
| City MAYNARD | State MA | Zip Code 01754-2171 |
|-----------------|-------------|------------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer United HealthCare Services Inc | Occupation KA Dir of AM producing |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2560066535022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

C. DENISE VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 35 CLEVELAND AVENUE

| | | |
|------------------|-------------|------------------------|
| City SAYVILLE | State NY | Zip Code 11782-1322 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2560066835022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 221 |
| | <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. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560398035022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560398135022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2560398535022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 86.00 |
| 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 94 OF 221 (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. 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 ▼
1567.54

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560398835022

Amount of Each Receipt this Period
207.22

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 ▼
238.68

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560398935022

Amount of Each Receipt this Period
28.08

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 ▼
1253.82

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2560821135022

Amount of Each Receipt this Period
276.92

P/R Deduction (\$138.46 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 512.22 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 95 OF 221
(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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560821435022

Amount of Each Receipt this Period
 28.00

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560821535022

Amount of Each Receipt this Period
 28.00

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2560821635022

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

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

FOR LINE NUMBER: PAGE 96 OF 221
(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. BRIAN W LUND
 Mailing Address 464 EAST NORTH AVE
 City GRANTSBURG State WI Zip Code 54840-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2561457635022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KEITH A VOLLBERG
 Mailing Address 1001 NANDINA DR
 City WESTON State FL Zip Code 33327-2481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2563207735022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. LARRY W CAVANAUGH
 Mailing Address 520 NE 20TH ST # 1010
 City WILTON MANORS State FL Zip Code 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Spc Ben Govt Dntl Sls Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2563211035022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 97 OF 221
(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 ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2563211235022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. 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 ▼ 1649.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2564296835022
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City State Zip Code
 MINNEAPOLIS MN 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2564297135022
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 422.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 221 |
| | <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 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 ▼ **663.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2564297335022

Amount of Each Receipt this Period

| |
|-------|
| 78.00 |
|-------|

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

B. 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 ▼ **663.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2564297535022

Amount of Each Receipt this Period

| |
|-------|
| 78.00 |
|-------|

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

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

Mailing Address 18615 CHARLEVOIX LANE

| | | |
|----------------------|-------------|------------------------|
| City CHESTERFIELD | State MO | Zip Code 63005-6200 |
|----------------------|-------------|------------------------|

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 ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2564297635022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 184.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 99 OF 221
(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. ELLEN L DAMATO

Mailing Address 1300 DALHART DRIVE

City ALLEN State TX Zip Code 75013-5339

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2564802235022

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
B. JOSH A WILLSON

Mailing Address 201 ADAMS CT

City COLLEYVILLE State TX Zip Code 76034-6811

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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2564802535022

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER CHARLES CARLSON

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 ▼
 340.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2564802635022

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 221 |
| | <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 DANIEL HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE State MN Zip Code 55311-4585

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

Name of Employer United HealthCare Services Inc Occupation Controller Mkt Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2564802735022

Amount of Each Receipt this Period 194.00

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

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2564802935022

Amount of Each Receipt this Period 28.00

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

C. 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 ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2564803235022

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 300.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 101 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. PAUL O MARDEN
Full Name (Last, First, Middle Initial)

Mailing Address 718 HICKORY HILL RD

City State Zip Code
FRANKLIN LAKES NJ 07417-1707

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2564803335022

Amount of Each Receipt this Period
78.00

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

B. DARREN C MOQUIST
Full Name (Last, First, Middle Initial)

Mailing Address 1200 NICOLLET MALL #507

City State Zip Code
MINNEAPOLIS MN 55403-2408

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 ▼ **238.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2564803435022

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 5601 VAN WINKLE LN

City State Zip Code
AUSTIN TX 78739-1694

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 ▼ **238.00**

Date of Receipt
08 / 31 / 2014

Transaction ID : PR2564803535022

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

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

FOR LINE NUMBER: PAGE 102 OF 221
(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. 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 ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2564803735022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. 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 ▼ 663.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2564803935022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. 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 ▼ 1649.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2564804035022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 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 103 OF 221 |
| | <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 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 Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2564804135022

Amount of Each Receipt this Period **28.00**

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

B. 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 ▼ **1689.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2564804335022

Amount of Each Receipt this Period **234.00**

P/R Deduction (\$117.00 Bi-Weekly)

C. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017-5029

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2564804535022

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... **342.00**

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 104 OF 221
(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. TIMOTHY A WICKS
 Mailing Address PO BOX 44518
 City State Zip Code
 EDEN PRAIRIE MN 55344-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc SVP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
653.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014
Transaction ID : PR2565448635022
 Amount of Each Receipt this Period
76.92
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONNA M CRAIG
 Mailing Address 10761 INDEPENDENCE WAY
 City State Zip Code
 CARMEL IN 46032-9333
 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 ▼
238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014
Transaction ID : PR2565448635022
 Amount of Each Receipt this Period
28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. THOMAS C KUNST
 Mailing Address 4872 103RD STREET
 City State Zip Code
 PLEASANT PRAIRIE WI 53158-6516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP SIs Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
238.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014
Transaction ID : PR2566302135022
 Amount of Each Receipt this Period
28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **133.00**
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 105 OF 221
(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. 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 Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2567129435022
 Amount of Each Receipt this Period 28.00
 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2567129535022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City MENOMONEE FALLS State WI Zip Code 53051-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2568900535022
 Amount of Each Receipt this Period 260.00
 P/R Deduction (\$130.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 316.00
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 106 OF 221 |
| | <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. 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 ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2571777935022
 Amount of Each Receipt this Period
 78.00
 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 ▼
 555.97

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2571778235022
 Amount of Each Receipt this Period
 98.66
 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 ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2571778335022
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 254.66 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 107 OF 221
(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 ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2572588935022
 Amount of Each Receipt this Period
 28.00
 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 ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2572589335022
 Amount of Each Receipt this Period
 28.00
 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 Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2572589435022
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 221 |
| | <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. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572589535022
 Amount of Each Receipt this Period 28.00
 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572589835022
 Amount of Each Receipt this Period 28.00
 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 ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572590035022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 134.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 109 OF 221 |
| <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. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572590135022
Amount of Each Receipt this Period 28.00
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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572590635022
Amount of Each Receipt this Period 28.00
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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572590735022
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.00
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 110 OF 221
(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. 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 Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572591135022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572591235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572591335022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
TOTAL This Period (last page this line number only)..... ▶

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 OF 221 (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. 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 ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2572992735022
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

B. 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2574979435022
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. 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 ▼ 1249.92

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2574986235022
Amount of Each Receipt this Period 277.76
P/R Deduction (\$138.88 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 499.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 221 |
| | <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. JAMIE BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4625 EWING AVENUE SOUTH

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| MINNEAPOLIS | MN | 55410-1745 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2574988235022

Amount of Each Receipt this Period

| |
|-------|
| 87.00 |
|-------|

78.00

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

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

Mailing Address 4117 BRYANT AVENUE SOUTH

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| MINNEAPOLIS | MN | 55409-1423 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1649.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575030935022

Amount of Each Receipt this Period

| |
|--------|
| 155.00 |
|--------|

194.00

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 ▼ **2420.62**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575034535022

Amount of Each Receipt this Period

| |
|--------|
| 535.12 |
|--------|

581.72

P/R Deduction (\$290.86 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 853.72 |
| TOTAL This Period (last page this line 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 113 OF 221 |
| | <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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575039535022
 Amount of Each Receipt this Period 28.00
 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575046235022
 Amount of Each Receipt this Period 28.08
 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 ▼ 224.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575050335022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.08 |
| 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 114 OF 221 |
| | (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. VIVIAN M LINDSAY | | | Date of Receipt |
| Mailing Address 14930 SW 39 ST | | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : PR2575054935022 |
| DAVIE | FL | 33331-2767 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="178.57"/> |
| Name of Employer | Occupation | | P/R Deduction (\$178.57 Bi-Weekly) |
| United HealthCare Services Inc | SVP Ops | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="1071.42"/> | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) B. CARY J MCCARTY | | | Date of Receipt |
| Mailing Address 8800 RUMFIELD RD | | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : PR2575059435022 |
| NORTH RICHLAND HILLS | TX | 76182-6131 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="78.00"/> |
| Name of Employer | Occupation | | P/R Deduction (\$39.00 Bi-Weekly) |
| United HealthCare Services Inc | VP Gen Mgmt | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="663.00"/> | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) C. MARK T ALLEN | | | Date of Receipt |
| Mailing Address 11359 ENTREVAUX DRIVE | | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : PR2575060235022 |
| EDEN PRAIRIE | MN | 55347-2862 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="28.00"/> |
| Name of Employer | Occupation | | P/R Deduction (\$14.00 Bi-Weekly) |
| United HealthCare Services Inc | VP Gen Mgmt | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| | <input type="text" value="238.00"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="284.57"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 221 |
| | <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. 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 ▼ 1634.55

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575074535022
 Amount of Each Receipt this Period 192.30
 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 ▼ 227.64

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575076235022
 Amount of Each Receipt this Period 30.54
 P/R Deduction (\$15.27 Bi-Weekly)

C. VINCENT PETER VALLARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 LEXINGTON ROAD
 City GLASTONBURY State CT Zip Code 06033-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.75

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575096635022
 Amount of Each Receipt this Period 62.50
 P/R Deduction (\$31.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 285.34
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: (check only one) | PAGE 116 OF 221 |
| <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. GLEN J GOLEMI | | Date of Receipt |
| Mailing Address 1214 MAGNOLIA ALY | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| MANDEVILLE | LA | 70471-3068 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR2575098835022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| United HealthCare Services Inc | Hlth Plan CEO | <input type="text" value="76.92"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$38.46 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="653.82"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. CHARLES JACOBY | | Date of Receipt |
| Mailing Address 3315 IRVING AVE | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| MINNEAPOLIS | MN | 55408-3321 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR2575099235022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Optum Services, Inc | Dir IT | <input type="text" value="32.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$16.00 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="272.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PHEBE M CHAMPION | | Date of Receipt |
| Mailing Address 5124 WEDMORE CT | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| NORTH LAS VEGAS | NV | 89031-0364 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : PR2575108335022 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Health Plan of Nevada | Dir Cust Service | <input type="text" value="50.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | P/R Deduction (\$25.00 Bi-Weekly) |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="425.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="158.92"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 117 OF 221
(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. SCOTT THOMAS LYDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 PLOWBOY PATH
 City State Zip Code
 COMMACK NY 11725-1410
 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 ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575122235022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ZOE C HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4030 SERANGO COURT
 City State Zip Code
 WEST LINN OR 97068-2840
 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 ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575136235022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JEAN MCGANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VILLAGE ROAD
 City State Zip Code
 FLORHAM PARK NJ 07932-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB KA Dir Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575146935022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.08
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 118 OF 221 (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

A. KELLY L BEECHER
Full Name (Last, First, Middle Initial)

Mailing Address 7640 CURIOSITY AVE

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 Accting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.68**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : PR2575161135022

Amount of Each Receipt this Period

| | | | | |
|---|---|---|---|---|
| 2 | 8 | . | 0 | 8 |
|---|---|---|---|---|

P/R Deduction (\$14.04 Bi-Weekly)

B. RON JONES
Full Name (Last, First, Middle Initial)

Mailing Address 10066 ESCAMBIA BAY CT

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2125.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : PR2575163535022

Amount of Each Receipt this Period

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

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

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

Mailing Address 7607 MAPLE MEADOW STREET

City LAS VEGAS State NV Zip Code 89131-4665

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

Name of Employer Health Plan of Nevada Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : PR2575164435022

Amount of Each Receipt this Period

| | | | |
|---|---|---|---|
| 2 | 0 | 0 | 0 |
|---|---|---|---|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 478.08 |
| 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 119 OF 221 |
| <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. ROBERT C COSTIN
Full Name (Last, First, Middle Initial)

Mailing Address 3109 SHADY SPRINGS DRIVE

| | | |
|--------------------|-------------|------------------------|
| City LOUISVILLE | State KY | Zip Code 40299-4575 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------|
| Name of Employer United HealthCare Services Inc | Occupation PS Sr SIs Exe |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575180735022

Amount of Each Receipt this Period

| |
|-------|
| 38.46 |
|-------|

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

B. MICHAEL W WIELAND
Full Name (Last, First, Middle Initial)

Mailing Address 6741 EAST SHADOW LAKE DRIVE

| | | |
|----------------------|-------------|------------------------|
| City CIRCLE PINES | State MN | Zip Code 55014-1348 |
|----------------------|-------------|------------------------|

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 ▼ **200.75**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575181635022

Amount of Each Receipt this Period

| |
|-------|
| 36.50 |
|-------|

P/R Deduction (\$18.25 Bi-Weekly)

C. 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 ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575194435022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 102.96 |
| TOTAL This Period (last page this line 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 120 OF 221
(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 PATRICK STAMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 MOSSY GLEN DR
 City State Zip Code
 FORT MYERS FL 33908-4771
 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 ▼
 680.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575194635022
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. PETER J MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7091 HIGHOVER DRIVE
 City State Zip Code
 CHANHASSEN MN 55317-7572
 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 ▼
 255.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575213635022
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. ANDREW C SEKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6010 LONESOME VALLEY TRAIL
 City State Zip Code
 AUSTIN TX 78731-3749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc CEO Spclty Ntwk
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 875.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575223735022
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. HOWARD CHARLES GILPIN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 SHEPARD DRIVE
 City BLUE BELL State PA Zip Code 19422-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Act Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575224935022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. SUSAN A KIRKPATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 STERLING STREET
 City LANCASTER State MA Zip Code 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575233635022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS G RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 GROOMSBRIDGE ROAD
 City JOHNS CREEK State GA Zip Code 30022-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Empl Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575238635022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 122 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. THOMAS C CHOATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 SOUTHPOND RD
 City GLASTONBURY State CT Zip Code 06033-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575247835022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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 ▼ 250.02

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575260435022
 Amount of Each Receipt this Period 55.56
 P/R Deduction (\$27.78 Bi-Weekly)

C. TERRY R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11856 NW 12TH MANOR
 City CORAL SPRINGS State FL Zip Code 33071-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575279235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 160.48 |
| 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 123 OF 221 |
| | <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. 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 ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575287835022

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 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 ▼ **653.82**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575293235022

Amount of Each Receipt this Period **76.92**

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 ▼ **3156.35**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575295135022

Amount of Each Receipt this Period **409.70**

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

SUBTOTAL of Receipts This Page (optional)..... **514.62**

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 124 OF 221 |
| | (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 MONAGHAN
Full Name (Last, First, Middle Initial)

Mailing Address 450 EDGEWOOD AVE

City WESTFIELD State NJ Zip Code 07090-4353

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 ▼ **238.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575296835022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. CLARE B GROCHOWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 205 ALAPOCAS DRIVE

City WILMINGTON State DE Zip Code 19803-4504

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

Name of Employer Optum Services, Inc Occupation Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575300135022

Amount of Each Receipt this Period
28.00

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

C. MARY R MCEL RATH-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 ▼ **238.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575302135022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.16 |
| TOTAL This Period (last page this line 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 221
(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. 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575311035022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. 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 Sls SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575314835022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575326935022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.16
TOTAL This Period (last page this line 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 126 OF 221
(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. MICHAEL J TELESKY

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 ▼ **663.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575350935022

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. SALLY A BROWN

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 ▼ **238.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575363635022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

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

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 ▼ **238.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : PR2575372435022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.16**

TOTAL This Period (last page this line 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 127 OF 221 |
| | (check only one) | |
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| <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 ▼ **238.68**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575374835022

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

B. 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 ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575394335022

Amount of Each Receipt this Period **28.00**

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

C. 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 ▼ **255.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575395235022

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional)..... **86.08**

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 128 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
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| | | <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. 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 ▼
238.68

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575414935022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. 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 Finance |
|--|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.82

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575419135022

Amount of Each Receipt this Period
76.92

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

C. 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 ▼
1700.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575419835022

Amount of Each Receipt this Period
200.00

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 305.00 |
| 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 129 OF 221 |
| | <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. KARIN R O'HARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7138 MCCANN COURT
 City SAVAGE State MN Zip Code 55378-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Accting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575428735022
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 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 ▼ **238.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575445835022
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

C. 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 ▼ **238.68**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575447135022
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 133.00 |
| 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 130 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT E BOOKER
 Mailing Address 16632 HANSON BLVD NW
 City State Zip Code
 ANDOVER MN 55304-2089
 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 ▼
 238.68

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575447235022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LOUIS FLOCCO
 Mailing Address 7353 EAST SKYLINE DRIVE
 City State Zip Code
 ORANGE CA 92867-6451
 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 ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575448635022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. THOMAS C BARTHEL
 Mailing Address 9713 HEMLOCK LANE NORTH
 City State Zip Code
 MAPLE GROVE MN 55369-3665
 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 ▼
 238.68

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575484335022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.16
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 131 OF 221 |
| | (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. CLINTON V WOLF | | Date of Receipt |
| Mailing Address 2647 N SOUTHPORT | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| CHICAGO | IL | 60614-1227 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR2575490935022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="30.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$15.00 Bi-Weekly) |
| Optum Services, Inc | Dir Mktg Bus Dev | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="255.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MICHELE RAMIREZ | | Date of Receipt |
| Mailing Address 37 CALAIS ROAD | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| RANDOLPH | NJ | 07869-3531 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR2575502435022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="28.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$14.00 Bi-Weekly) |
| United HealthCare Services Inc | Human Capital Partner | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="238.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DEBORAH A SUNDAL | | Date of Receipt |
| Mailing Address 5109 WEST 66TH ST | | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| EDINA | MN | 55439-1429 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR2575502935022 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="28.00"/> |
| Name of Employer | Occupation | P/R Deduction (\$14.00 Bi-Weekly) |
| United HealthCare Services Inc | Dir Proj Mgmt | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="238.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="86.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 221 |
| | <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. MOLLY E JOSEPH

Mailing Address 2711 CRESCENT RIDGE ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3264.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575521735022

Amount of Each Receipt this Period
384.00

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

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

Mailing Address 54 GREENWOOD DRIVE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2125.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575522335022

Amount of Each Receipt this Period
250.00

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

Full Name (Last, First, Middle Initial)
C. ERIC J KAPLAN

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 ▼
238.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2575524035022

Amount of Each Receipt this Period
28.00

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 662.00 |
| 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 133 OF 221
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM GARRISON JETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9557 WOODRIDGE CIRCLE
 City State Zip Code
 EDEN PRAIRIE MN 55347-2744
 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 ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575528135022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. THOMAS A HAMLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 NEWMAN
 City State Zip Code
 HOUSTON TX 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Behvrl Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 653.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575536235022
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. AMY LYNN BALCK
 Full Name (Last, First, Middle Initial)
 Mailing Address N3681 VINE RD
 City State Zip Code
 FREEDOM WI 54913-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Mgr Mkt Svc Acct Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575548435022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 132.92
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 134 OF 221
(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. JULIE T SCOTT

Mailing Address 271 NW 42ND AVE

City State Zip Code
 COCONUT CREEK FL 33066-1823

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Pricing

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575578035022

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 23 KELTON STREET

City State Zip Code
 REHOBOTH MA 02769-2530

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 ▼
 1299.96

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575579235022

Amount of Each Receipt this Period
 288.88

P/R Deduction (\$144.44 Bi-Weekly)

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

Mailing Address 57 WILDERS PASS

City State Zip Code
 CANTON CT 06019-2259

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

Name of Employer Occupation
 United HealthCare Services Inc CEO NA Accts

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1634.55

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575582835022

Amount of Each Receipt this Period
 192.30

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 509.18

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

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

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

FOR LINE NUMBER: PAGE 135 OF 221
(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. RICHARD W REEVES
 Full Name (Last, First, Middle Initial)
 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575583835022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. 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 ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575585635022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 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 Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575593635022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.08
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 136 OF 221 |
| | (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 J STAPLES

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 ▼
238.68

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575633935022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

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

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 ▼
653.82

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575634635022

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
C. JAN LOUISE HENRY

Mailing Address 4035 SHADOWHILL DRIVE

City SANTA ROSA State CA Zip Code 95404-2730

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

Name of Employer Optum Services, Inc Occupation Hlth Svs Dir RN/NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575636835022

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 137 OF 221 |
| <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. TERRENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575636935022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. NEIL P COLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8465 MISSION HILLS LANE
 City CHANHASSEN State MN Zip Code 55317-7712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575637635022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. BENTON V DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 NORTH 53RD PLACE
 City PARADISE VALLEY State AZ Zip Code 85253-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575639235022
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 414.30 |
| 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 138 OF 221 |
| | <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. NANCY J SUBLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 CLARA #24
 City SAINT LOUIS State MO Zip Code 63112-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575646935022
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. CRAIG S HERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9609 WYOMING CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1628
 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 ▼ 437.50

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575650235022
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$62.50 Bi-Weekly)

C. MARK VAN ERT
 Full Name (Last, First, Middle Initial)
 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575650535022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 253.08
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 139 OF 221 |
| | <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. RONALD MICHAEL GONG
Full Name (Last, First, Middle Initial)

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575651535022

Amount of Each Receipt this Period **78.00**

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

B. JENNY A HAYHURST
Full Name (Last, First, Middle Initial)

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 ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575651835022

Amount of Each Receipt this Period **28.00**

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

C. 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 ▼ **1600.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575654735022

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional)..... **306.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. CARL 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 **663.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575669335022
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

B. PATRICK MOESCHLER
Full Name (Last, First, Middle Initial)
Mailing Address 10940 E TIERRA DR
City SCOTTSDALE State AZ Zip Code 85259-5730
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 **663.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575676135022
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

C. BRADY PRIEST
Full Name (Last, First, Middle Initial)
Mailing Address 4401 COUNTRY CLUB RD
City EDINA State MN Zip Code 55424-1148
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1634.55**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2575677235022
Amount of Each Receipt this Period **192.30**
P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **348.30**
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 141 OF 221
(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. 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 ▼
 238.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575683735022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. CHRISTOPHER J STIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 CHEROKEE TRAIL
 City State Zip Code
 EDINA MN 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Clnt Relationship
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1614.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575683835022
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JENNIFER COHEN-SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 ORCUTT
 City State Zip Code
 GUILFORD CT 06437-2221
 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 ▼
 238.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575693935022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.16
TOTAL This Period (last page this line 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 221 |
| | <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 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 ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575696235022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. ELIZABETH SOBERG PROKOCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9746 SUNSET HILL DR
 City LONE TREE State CO Zip Code 80124-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1093.75

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575705835022
 Amount of Each Receipt this Period 312.50
 P/R Deduction (\$156.25 Bi-Weekly)

C. D ELLEN WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 STUART STREET 25D
 City BOSTON State MA Zip Code 02116-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575708835022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 583.42 |
| 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: (check only one) | PAGE 143 OF 221 |
| | <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 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575718135022

Amount of Each Receipt this Period 28.00

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

B. 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 ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575735435022

Amount of Each Receipt this Period 76.92

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

C. 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 Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575735735022

Amount of Each Receipt this Period 28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 133.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 144 OF 221 |
| | (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. JULIE M STRICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 3207 SUNNYWOOD DRIVE

City State Zip Code
FULLERTON CA 92835-1858

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

Name of Employer Occupation
United HealthCare Services Inc Dir Advrtng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575740935022

Amount of Each Receipt this Period
28.00

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

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

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 Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.68

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575744535022

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. CARLOS E ADAME
Full Name (Last, First, Middle Initial)

Mailing Address 42584 WHISTLE COURT

City State Zip Code
TEMECULA CA 92592-7105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.00

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2575755435022

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.08

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 145 OF 221 |
| | <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. HERBERT R DOMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 IONE COURT
 City COLUMBUS State OH Zip Code 43235-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT DT Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575756035022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOSEPH MILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 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 ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575770935022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MATTHEW D MONTOYA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12370 BRADFORD DR
 City PARKER State CO Zip Code 80134-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Mgr Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575777635022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

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| SUBTOTAL of Receipts This Page (optional).....▶ | 84.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 146 OF 221 |
| | (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. SUSAN V MADDUX | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 16426 FARMERS MILL LANE | | Transaction ID : PR2575783835022 |
| City CHESTERFIELD | State MO | Zip Code 63005-4549 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.08 |
| Name of Employer United HealthCare Services Inc | Occupation Dir Clin Pharm | 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 ▼ 238.68 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LAURIE ERIN RUSSELL | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 3108 SONIA DRIVE | | Transaction ID : PR2575812135022 |
| City LAS VEGAS | State NV | Zip Code 89107-3246 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 78.00 |
| Name of Employer United HealthCare Services Inc | Occupation Govt Affs Dir | 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 ▼ 663.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. WILLIAM J MILLER | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 26104 WEST 108 TERRACE | | Transaction ID : PR2575819835022 |
| City OLATHE | State KS | Zip Code 66061-7522 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 176.94 |
| Name of Employer Optum Services, Inc | Occupation Bus Segment CEO | P/R Deduction (\$88.47 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1703.77 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 283.02 |
| TOTAL This Period (last page this line 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 221
(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 M HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10603 MILLET SEED HILL
 City COLUMBIA State MD Zip Code 21044-4150
 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575840335022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. 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 VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575842735022
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. 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 ▼ 1093.75

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575859335022
 Amount of Each Receipt this Period 312.50
 P/R Deduction (\$156.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 418.58
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 148 OF 221 |
| | (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. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City State Zip Code
 MAPLE GROVE MN 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Accting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 261.63

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575865335022
 Amount of Each Receipt this Period
 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

B. JAMIE DAMATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 349 KING STREET
 City State Zip Code
 NAUGATUCK CT 06770-1505
 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 ▼
 255.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575872035022
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. GLENN LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 SPANISH OAK ESPLANADE
 City State Zip Code
 CANYON LAKE TX 78133-5706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Assc Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575882835022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 88.78 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 149 OF 221
(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. PAMELA LIPPITT
 Mailing Address 944 RILEY WILLS ROAD
 City State Zip Code
 LEBANON OH 45036-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Assc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575884435022
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. PATRICK J LANGAN
 Mailing Address 405 MEADOW LANE
 City State Zip Code
 BENSON MN 56215-1033
 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 ▼
 1649.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575885035022
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL W MEDEIROS
 Mailing Address 7112 LANGMUIR DRIVE
 City State Zip Code
 MCKINNEY TX 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Clnt Mgmt NA Accts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 663.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2575930635022
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 150 OF 221 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. RICHARD 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575938435022

Amount of Each Receipt this Period 384.60

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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575966035022

Amount of Each Receipt this Period 30.00

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 ▼ 222.18

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2575966835022

Amount of Each Receipt this Period 31.74

P/R Deduction (\$15.87 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 446.34

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 151 OF 221
(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 ▼ **663.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575967935022

Amount of Each Receipt this Period **78.00**

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 ▼ **663.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575968935022

Amount of Each Receipt this Period **78.00**

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 ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2575977935022

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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

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

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

FOR LINE NUMBER: PAGE 152 OF 221
(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. MARK LEENAY

Mailing Address 17882 BEARPATH TRAIL

City State Zip Code
 EDEN PRAIRIE MN 55347-3448

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

Name of Employer Occupation
 UHC International Services Inc NA Med Dir/CMO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 663.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575982835022

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 230 BATTALION WAY

City State Zip Code
 MOUNT JULIET TN 37122-6135

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575988335022

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 8370 DYNASTY WAY

City State Zip Code
 SALT LAKE CITY UT 84121-6089

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 08 / 31 / 2014
Transaction ID : PR2575988635022

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 221 |
| | <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. DOUGLAS LYNN RODGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 LAKESHORE COVE
 City State Zip Code
 FORT OGLETHORPE GA 30742-4207
 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 ▼
 238.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576000635022
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. MARC R BRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 RED TREE CT
 City State Zip Code
 DRAPER UT 84020-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 673.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576001635022
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. KAREN I SQUARRELL SHABLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1377 ROWLAND ROAD
 City State Zip Code
 LANGHORNE PA 19047-3106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Clnt Svc Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576017335022
 Amount of Each Receipt this Period
 36.50
 P/R Deduction (\$18.25 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.58 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 154 OF 221 |
| | (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 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 ▼ 353.64

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576018635022
 Amount of Each Receipt this Period 143.64
 P/R Deduction (\$71.82 Bi-Weekly)

B. DAVID SANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8326 ELKO DRIVE
 City ELLICOTT CITY State MD Zip Code 21043-6913
 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 ▼ 470.56

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576026435022
 Amount of Each Receipt this Period 117.64
 P/R Deduction (\$58.82 Bi-Weekly)

C. KIMBERLY K SONERHOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 7210 HEGGIE AVE
 City LAS VEGAS State NV Zip Code 89131-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576033235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 289.28 |
| 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: (check only one) | PAGE 155 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 16215 GRABEN COURT

City EDEN PRAIRIE State MN Zip Code 55346-2331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2576040035022

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 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 ▼ **1634.55**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2576040435022

Amount of Each Receipt this Period **192.30**

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

C. LAURA L STONE
Full Name (Last, First, Middle Initial)

Mailing Address 4644 VENETO DRIVE

City FRISCO State TX Zip Code 75033-7135

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contractng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2576045135022

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **298.30**

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 156 OF 221
(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 R GROENENDAAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 N EUCLID
 City OAK PARK State IL Zip Code 60302-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Exe Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576046235022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KENT MONICAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9795 E PIEDRA DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-9231
 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 ▼ 392.36

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576051335022
 Amount of Each Receipt this Period 135.04
 P/R Deduction (\$67.52 Bi-Weekly)

C. RESTOR JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576051635022
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 357.04
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 157 OF 221 |
| | <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. JOHN F REX
Full Name (Last, First, Middle Initial)

Mailing Address 503 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1512

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

Name of Employer Optum Services, Inc Occupation Mkt Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3281.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576060035022

Amount of Each Receipt this Period 386.00

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

B. APRIL D GOLENOR
Full Name (Last, First, Middle Initial)

Mailing Address 1313 JACKSON STREET

City MANDEVILLE State LA Zip Code 70448-4040

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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576063935022

Amount of Each Receipt this Period 28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. LANCE A NOVAK
Full Name (Last, First, Middle Initial)

Mailing Address 17035 41ST PLACE N

City PLYMOUTH State MN Zip Code 55446-3358

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576073535022

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 514.08

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 158 OF 221 |
| | <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. ANGELA D DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1067 ROYS PRIVATE WAY
 City GALLATIN State TN Zip Code 37066-8007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576083935022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROBERT E COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 BITTERNUT ROAD
 City MOUNT WOLF State PA Zip Code 17347-9694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576095935022
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DARRIN D JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 SUMMERBROOKE COURT
 City SICKLERVILLE State NJ Zip Code 08081-9685
 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 ▼ 492.66

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2576103735022
 Amount of Each Receipt this Period 112.74
 P/R Deduction (\$56.37 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 217.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 159 OF 221
(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. 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 ▼ **428.58**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2576105535022

Amount of Each Receipt this Period

| |
|--------|
| 142.86 |
|--------|

P/R Deduction (\$71.43 Bi-Weekly)

B. 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 Sr Entrprs Res Plng Cnslt |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2576117535022

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

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

C. 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 ▼ **653.82**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2014 |

Transaction ID : PR2576119035022

Amount of Each Receipt this Period

| |
|-------|
| 76.92 |
|-------|

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 247.78 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 160 OF 221
(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. CHANDRA LUE TORGERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 10TH AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55417-2413
 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 ▼ **663.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576128635022
 Amount of Each Receipt this Period
78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. STEVEN H NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2542 CROSBY ROAD
 City State Zip Code
 WAYZATA MN 55391-2318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2884.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576144835022
 Amount of Each Receipt this Period
470.08
 P/R Deduction (\$235.04 Bi-Weekly)

C. JOHN E FRIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 PENFIELD DR
 City State Zip Code
 CAROL STREAM IL 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB NA VP Sis/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **663.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2576147535022
 Amount of Each Receipt this Period
78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **626.08**
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 161 OF 221 |
| <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. 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 ▼ **3269.10**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2577379335022

Amount of Each Receipt this Period **384.60**

P/R Deduction (\$192.30 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 ▼ **2288.54**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2578735235022

Amount of Each Receipt this Period **269.24**

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 ▼ **1634.55**

Date of Receipt **08 / 31 / 2014**

Transaction ID : PR2578740435022

Amount of Each Receipt this Period **192.30**

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 846.14 |
| TOTAL This Period (last page this line 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 162 OF 221 |
| | (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 MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 30532 GREENBRIAR | | Transaction ID : PR2578742135022 |
| City FRANKLIN | State MI | Zip Code 48025-1459 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| Name of Employer United HealthCare Services Inc | Occupation Assc Dir Hlthcare Econ | 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 ▼ 238.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LAURA CIAVOLA | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 1686 WILDFIRE LANE | | Transaction ID : PR2578824335022 |
| City FRISCO | State TX | Zip Code 75033-7325 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 384.60 |
| Name of Employer United HealthCare Services Inc | Occupation SVP Ops | 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 ▼ 3269.10 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. NATHANAEL BUSBEE | | Date of Receipt MM / DD / YYYY 08 / 31 / 2014 |
| Mailing Address 611 ORPINGTON RD | | Transaction ID : PR2578826735022 |
| City BALTIMORE | State MD | Zip Code 21229-2128 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 111.10 |
| Name of Employer United HealthCare Services Inc | Occupation Dir Bus Process | P/R Deduction (\$55.55 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.95 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 523.70 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 163 OF 221 |
| <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. 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2595208335022
Amount of Each Receipt this Period 28.08
P/R Deduction (\$14.04 Bi-Weekly)

B. 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2595218435022
Amount of Each Receipt this Period 28.08
P/R Deduction (\$14.04 Bi-Weekly)

C. 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2595230935022
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 440.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 164 OF 221 |
| | (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. 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 ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2600648935022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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 ▼ 523.09

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2601125335022
 Amount of Each Receipt this Period 61.54
 P/R Deduction (\$30.77 Bi-Weekly)

C. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2601127735022
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 168.46
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 165 OF 221 |
| | (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. TOM ROBERTS | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601127835022 |
| Mailing Address 264 PORTERS HILL RD | | Amount of Each Receipt this Period 30.00 |
| City MONROE | State CT | Zip Code 06468-2236 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$15.00 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation Assc Dir Act Svs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MARIANNE D SHORT | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601133535022 |
| Mailing Address 2215 SUMMIT AVENUE | | Amount of Each Receipt this Period 384.60 |
| 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 ▼ 3269.10 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CRAIG NEWTON | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601133735022 |
| Mailing Address 654 W GOLDFINCH WAY | | Amount of Each Receipt this Period 28.08 |
| 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 ▼ 238.68 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 442.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 166 OF 221
(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. 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 ▼ 231.25

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2601149635022
 Amount of Each Receipt this Period 29.74
 P/R Deduction (\$14.87 Bi-Weekly)

B. 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 ▼ 653.82

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2601156935022
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. ANDREW W TICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 JACKSON SPRINGS RD
 City MACON State GA Zip Code 31211-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Phys Advsr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.24

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2601160935022
 Amount of Each Receipt this Period 55.72
 P/R Deduction (\$27.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 162.38
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 167 OF 221 |
| | (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. KATHRYN J HAYLEY | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601169035022 |
| Mailing Address 7 BRIARWOOD LANE | | Amount of Each Receipt this Period 265.30 |
| City LINCOLNSHIRE | State IL | Zip Code 60069-2500 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$132.65 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation SVP Clin Advancement | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.01 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. TINA JONAS | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601171135022 |
| Mailing Address 5400 OLD MILL ROAD | | Amount of Each Receipt this Period 618.00 |
| City ALEXANDRIA | State VA | Zip Code 22309-3328 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$309.00 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation Pres M&V | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2219.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ROGER RODRIGUEZ | | Date of Receipt 08 / 31 / 2014 Transaction ID : PR2601176835022 |
| Mailing Address 10501 SW 102 AVENUE | | Amount of Each Receipt this Period 76.92 |
| City MIAMI | State FL | Zip Code 33176-3511 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$38.46 Bi-Weekly) |
| Name of Employer United HealthCare Services Inc | Occupation VP Gen Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 653.82 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 960.22 |
| 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 168 OF 221 |
| | <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 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 ▼ **653.82**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2605698335022

Amount of Each Receipt this Period
76.92

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

B. 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 ▼ **601.56**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2605734235022

Amount of Each Receipt this Period
88.56

P/R Deduction (\$44.28 Bi-Weekly)

C. TRACY MALONE
Full Name (Last, First, Middle Initial)

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 ▼ **653.82**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2605736935022

Amount of Each Receipt this Period
76.92

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 242.40 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 169 OF 221
(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. MICHELLE FERENSIC
 Full Name (Last, First, Middle Initial)
 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 ▼ 326.91

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2605738235022
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. WILLIAM KARL KIEFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 MAIN STREET NE #4
 City MINNEAPOLIS State MN Zip Code 55413-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Strat Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.46

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2605755635022
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

C. GLORIA AUSTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1036 TERRACE HILLS DRIVE
 City SALT LAKE CITY State UT Zip Code 84103-4030
 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 ▼ 1176.48

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2605757435022
 Amount of Each Receipt this Period 294.12
 P/R Deduction (\$147.06 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 563.34
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: (check only one) | PAGE 170 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 ▼ **218.75**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2605760635022

Amount of Each Receipt this Period
62.50

P/R Deduction (\$31.25 Bi-Weekly)

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

Mailing Address 99 HAGEN ROAD

City State Zip Code
NEWTON MA 02459-2731

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

Name of Employer Occupation
Optum Services, Inc Optum Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1961.46**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2606842935022

Amount of Each Receipt this Period
230.76

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

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

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code
DAVIDSONVILLE MD 21035-1348

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2734.59**

Date of Receipt
08 / 31 / 2014
Transaction ID : PR2606845135022

Amount of Each Receipt this Period
503.42

P/R Deduction (\$251.71 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 796.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 221 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 2004 ESTES PARK ROAD

City SOUTHLAKE State TX Zip Code 76092-3855

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

Name of Employer Optum Services, Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2606854435022

Amount of Each Receipt this Period 28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. JAN V EYER
Full Name (Last, First, Middle Initial)

Mailing Address 6241 CRESTBROOK DRIVE

City MORRISON State CO Zip Code 80465-2225

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

Name of Employer Optum Services, Inc Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2606857535022

Amount of Each Receipt this Period 28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. 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 ▼ 757.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2607803035022

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 156.16

TOTAL This Period (last page this line 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 221 |
| | <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. 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 Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2607806135022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2608059335022
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. 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 ▼ 437.50

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2608059535022
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$62.50 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 181.16 |
| TOTAL This Period (last page this line 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 221 |
| | <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. 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 ▼ 437.50

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2608061235022
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$62.50 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 ▼ 238.68

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2609810935022
 Amount of Each Receipt this Period 28.08
 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 ▼ 1375.00

Date of Receipt 08 / 31 / 2014
Transaction ID : PR2612532535022
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 403.08 |
| 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 174 OF 221
(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. ABIGAIL LONDON VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 3653 DWIGHT DAVIS DR
City TALLAHASSEE State FL Zip Code 32312-1076
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 **653.82**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2614315635022
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

B. SAMUEL O VANNORMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6216 CONCORD AVE
City EDINA State MN Zip Code 55424-1736
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Dir Hlthcare Econ
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **208.56**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2615086035022
Amount of Each Receipt this Period **34.76**
P/R Deduction (\$17.38 Bi-Weekly)

C. 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 **608.72**

Date of Receipt **08 / 31 / 2014**
Transaction ID : PR2615671535022
Amount of Each Receipt this Period **86.96**
P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **198.64**
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 175 OF 221 |
| | <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 BIRNBAUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 DEAN STREET
 City State Zip Code
 BROOKLYN NY 11201-6245
 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 ▼
 608.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2615671635022
 Amount of Each Receipt this Period
 86.96
 P/R Deduction (\$43.48 Bi-Weekly)

B. JENNIFER LORYN YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 CLINTON PLACE
 City State Zip Code
 HACKENSACK NJ 07601-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc NA Vice Pres AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2615929435022
 Amount of Each Receipt this Period
 36.50
 P/R Deduction (\$18.25 Bi-Weekly)

C. MARK OWEN JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10529 MOUNT CURVE ROAD
 City State Zip Code
 EDEN PRAIRIE MN 55347-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : PR2617933935022
 Amount of Each Receipt this Period
 160.00
 P/R Deduction (\$80.00 Bi-Weekly)

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 283.46 |
| TOTAL This Period (last page this line number only).....▶ | 56613.93 |

**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. DAWG PAC - Democrats Against Waste in Government

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
Contribution

011

Candidate Name

DAWG PAC - Democrats Against Waste in Government

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 37389882

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Miller For Congress

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jeff Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 37389883

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

C. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 4 |

Transaction ID : 37389884

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Contribution

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington Street, Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Citizens for Prosperity in America Today PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389885

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jackie Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389886

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389887

Amount of Each Disbursement this Period

1500.00

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. Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Michael G. Fitzpatrick

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37389888

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37389889

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress Inc

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37389890

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. Ribble for Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912-7069

Purpose of Disbursement
Contribution

Candidate Name

Rep. Reid J. Ribble

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389891

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389892

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Republican Operation To Secure And Keep A Majority (ROSKAM PAC)

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

Candidate Name

Republican Operation To Secure And Keep A Majority (ROSKAM PAC)

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37389895

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

8500.00

**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. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mike Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

Transaction ID : 37389896

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

Transaction ID : 37389897

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Ann PAC

Mailing Address PO Box 3535

City State Zip Code
Ballwin MO 63022

Purpose of Disbursement
Contribution

011

Candidate Name

Ann PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

Transaction ID : 37389899

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

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

| |
|---------|
| 5500.00 |
|---------|

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. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington Street, Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void - Citizens for Prosperity in America Today PAC; check dated 8/1/2014

011

Candidate Name

Citizens for Prosperity in America Today PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37393777

Amount of Each Disbursement this Period

-2000.00

Void - Citizens for Prosperity in America Today PAC;
check dated 8/1/2014

Full Name (Last, First, Middle Initial)

B. Preserving America's Traditions

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution

011

Candidate Name

Preserving America's Traditions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : 37393779

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Connecticut Democratic State Central Committee

Mailing Address 30 Arbor St
Suite 404

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contribution (federal)

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406510

Amount of Each Disbursement this Period

5000.00

Contribution (federal)

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

8000.00

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. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave SE
Ste 210

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Dakota Prairie PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425659

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. First State PAC

Mailing Address PO Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement
Contribution

Candidate Name

First State PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425660

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Contribution

Candidate Name

Mr. Daniel Maffei

Office Sought: House
 Senate
 President

State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425661

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

11000.00

**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. Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

/ /

Transaction ID : 37425672

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

/ /

Transaction ID : 37425673

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Mario Diaz-Balart For Congress

Mailing Address 8770 Sw 72nd Street
420

City State Zip Code
Miami FL 33173

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Mario Diaz-Balart

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 25

Date of Disbursement

/ /

Transaction ID : 37425684

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. Narragansett Bay PAC

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Contribution

011

Candidate Name

Narragansett Bay PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425686

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Three Rivers Political Action Committee

Mailing Address 3321 SE 20th Avenue

City Portland State OR Zip Code 97202

Purpose of Disbursement
Contribution

011

Candidate Name

Three Rivers Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425687

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37425688

Amount of Each Disbursement this Period

2500.00

Contribution

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

10000.00

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 Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution Funds Reported On <June 20th FEC Report>

011

Category/
Type

Candidate Name

Rep. Joseph Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : 37446075

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

[MEMO ITEM]

Contribution Funds Reported On <June 20th FEC Report>

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 5/9/2014

011

Category/
Type

Candidate Name

Rep. Joseph Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : 37446076

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

[MEMO ITEM]

Contribution Re-designated funds for trans. dated 5/9/2014

Full Name (Last, First, Middle Initial)

C. Democratic Party of Wisconsin - Federal Account

Mailing Address 15 N Pinckney
Suite 200

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : 37453205

Amount of Each Disbursement this Period

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

Contribution

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

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 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. Democratic Party of Wisconsin - Federal Account

Mailing Address 15 N Pinckney
Suite 200

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) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 37453206

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 228 S. Washington Street, Suite 11

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President
State: TN District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 37453207

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

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. Committee to Elect Ross Miller

Mailing Address 10120 South Eastern
Suite 200

City Henderson State NV Zip Code 89052

Purpose of Disbursement
Contribution

Candidate Name
Ross Miller

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37389904

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Otter for Idaho

Mailing Address PO Box 1456

City Boise State ID Zip Code 83701

Purpose of Disbursement
Contribution

Candidate Name
Butch Otter

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37389913

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Todd Hunter Campaign

Mailing Address 445 Cape Henry

City Corpus Christi State TX Zip Code 78412

Purpose of Disbursement
Contribution

Candidate Name
TX Rep. Todd Hunter

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37390610

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)

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

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

Full Name (Last, First, Middle Initial)

A. Brad Little for Idaho

Mailing Address PO Box 2664

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Brad Little

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37406521

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Phil Bryant

Mailing Address PO Box 321226

City State Zip Code
Flowood MS 39232

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Phil Bryant

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37406532

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Tate Reeves

Mailing Address PO Box 24355

City State Zip Code
Jackson MS 39225

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Tate Reeves

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37406539

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)

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

Full Name (Last, First, Middle Initial)

A. Bobby B. Howell Campaign

Mailing Address PO Box 213

City Kilmichael State MS Zip Code 39747

Purpose of Disbursement
Contribution

011

Candidate Name

MS Rep. Bobby B. Howell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406580

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dean Kirby Campaign

Mailing Address PO Box 54099

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Contribution

011

Candidate Name

MS Sen. Dean Kirby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406586

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Herb Frierson Campaign

Mailing Address 12 Trailwood Lane

City Poplarville State MS Zip Code 39470

Purpose of Disbursement
Contribution

011

Candidate Name

MS Rep. Herb Frierson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406588

Amount of Each Disbursement this Period

500.00

Contribution

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

1500.00

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. Hob Bryan Campaign

Mailing Address PO Box 75

City Armory State MS Zip Code 38821

Purpose of Disbursement
Contribution

011

Candidate Name

MS Sen. Hob Bryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406590

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kenny Wayne Jones Campaign

Mailing Address 214 N West St

City Canton State MS Zip Code 39046

Purpose of Disbursement
Contribution

011

Candidate Name

MS Sen. Kenneth Jones

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406602

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Philip Gunn Campaign

Mailing Address PO Box 1159

City Clinton State MS Zip Code 39060

Purpose of Disbursement
Contribution

011

Candidate Name

MS Rep. Philip Gunn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406604

Amount of Each Disbursement this Period

500.00

Contribution

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

1500.00

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. Willie Simmons Campaign

Mailing Address PO Box 891

City Cleveland State MS Zip Code 38732

Purpose of Disbursement
Contribution

Candidate Name
Senator Willie Simmons

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2014

Transaction ID : 37406606

Amount of Each Disbursement this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement
Void - Citizens for Hottinger

Candidate Name
Jay Hottinger

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 11 / 2014

Transaction ID : 37418801

Amount of Each Disbursement this Period
-750.00

Void - Citizens for Hottinger

Full Name (Last, First, Middle Initial)

C. RAAMPAC

Mailing Address PO Box 158213

City Nashville State TN Zip Code 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
MM / DD / YYYY
08 / 12 / 2014

Transaction ID : 37421557

Amount of Each Disbursement this Period
2500.00

Contribution

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

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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 Benny Shendo Jr

Mailing Address PO Box 634

City State Zip Code
Jemez Pueblo NM 87024

Purpose of Disbursement
Contribution

011

Candidate Name

NM Sen. Benny Shendo Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426103

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Debbie Rodella

Mailing Address 16 Private Drive 1156

City State Zip Code
Española NM 87532

Purpose of Disbursement
Contribution

011

Candidate Name

Representa Debbie Rodella

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426109

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Gail Chasey

Mailing Address 1206 Las Lomas NE

City State Zip Code
Albuquerque NM 87106

Purpose of Disbursement
Contribution

011

Candidate Name

Representa Gail Chasey PhD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426191

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 George Munoz

Mailing Address PO Box 2679

City Gallup State NM Zip Code 87305

Purpose of Disbursement
Contribution

011

Candidate Name
NM Sen. George Munoz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426204

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Hector Balderas

Mailing Address PO Box 26629

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contribution

011

Candidate Name
Hector Balderas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426206

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect John Arthur Smith

Mailing Address 705 Arnold Street

City Lordsburg State NM Zip Code 88045

Purpose of Disbursement
Contribution

011

Candidate Name
Senator John Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426219

Amount of Each Disbursement this Period

250.00

Contribution

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

1050.00

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. Committee to Re-Elect Ken Martinez

Mailing Address PO Box 730

City Grants State NM Zip Code 87020

Purpose of Disbursement
Contribution

011

Candidate Name

NM Rep. W. Ken Martinez Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426230

Amount of Each Disbursement this Period

4200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Michael Sanchez

Mailing Address 3 Bunton Road

City Belen State NM Zip Code 87002

Purpose of Disbursement
Contribution

011

Candidate Name

Senator Michael Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426251

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Nate Gentry

Mailing Address 3716 Andrew Dr NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement
Contribution

011

Candidate Name

NM Rep. Nate Gentry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426289

Amount of Each Disbursement this Period

500.00

Contribution

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

5200.00

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 Nora Espinoza

Mailing Address 608 Golondrina

City Roswell State NM Zip Code 88201

Purpose of Disbursement
Contribution

Candidate Name
NM Rep. Nora Espinoza

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

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426295

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Phil Griego

Mailing Address PO Box 10

City San Jose State NM Zip Code 87565

Purpose of Disbursement
Contribution

Candidate Name
Senator Phil Griego

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

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426304

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Richard Martinez

Mailing Address PO Box 762

City Espanola State NM Zip Code 87532

Purpose of Disbursement
Contribution

Candidate Name
Senator Richard Martinez

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

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426321

Amount of Each Disbursement this Period

250.00

Contribution

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

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

1000.00

**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. Committee to Elect James Roger Madalena Jr

Mailing Address PO Box 255

City Jemez Pueblo State NM Zip Code 87024

Purpose of Disbursement
Contribution

011

Candidate Name

Representa James Madalena

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : 37426323

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alario PAC

Mailing Address 1063 Muller Parkway

City Westwego State LA Zip Code 70094

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : 37443447

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Campaign to Elect Lance Harris State Representative

Mailing Address 4824 Porter Circle

City Alexandria State LA Zip Code 71303

Purpose of Disbursement
Contribution

011

Candidate Name

LA Rep. Lance Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : 37443449

Amount of Each Disbursement this Period

250.00

Contribution

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. House Democratic Caucus

Mailing Address 701 Government St

City State Zip Code
Baton Rouge LA 70802

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 : 37443451

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Eric LaFleur Campaign Committee

Mailing Address PO Box 617

City State Zip Code
Ville Platte LA 70586

Purpose of Disbursement
Contribution

Candidate Name

LA Sen. Eric LaFleur

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37443452

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Erich Ponti Campaign Fund

Mailing Address 2133 Silverside
Ste A

City State Zip Code
Baton Rouge LA 70808

Purpose of Disbursement
Contribution

Candidate Name

LA Rep. Erich Ponti

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37443454

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. Jack Donahue Campaign Fund

Mailing Address PO Box 896

City Mandeville State LA Zip Code 70470

Purpose of Disbursement
Contribution

011

Candidate Name

LA Sen. Jack Donahue

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : 37443456

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Bel Edwards Campaign Fund

Mailing Address PO Box 1115

City Amite State LA Zip Code 70422

Purpose of Disbursement
Contribution

011

Candidate Name

John Bel Edwards

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : 37443458

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kleckley PAC

Mailing Address PO Box 4085

City Lake Charles State LA Zip Code 70606

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : 37443461

Amount of Each Disbursement this Period

1000.00

Contribution

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Republican Legislative Delegation Campaign Committee Inc

Mailing Address PO Box 44422

City State Zip Code
Baton Rouge LA 70804

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 : 37443462

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Scott Simon

Mailing Address PO Box 1297

City State Zip Code
Abita Springs LA 70420

Purpose of Disbursement
Contribution

Candidate Name

LA Rep. Scott Simon

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37443469

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Vision PAC

Mailing Address PO Box 740338

City State Zip Code
New Orleans LA 70174

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 : 37443472

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. Committee to Elect Millie Hamner

Mailing Address PO Box 1304

City Frisch State CO Zip Code 80443

Purpose of Disbursement
Contribution

011

Candidate Name
CO Rep. Millie Hamner

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 |
| 0 | 8 | | 1 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : 37447310

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Terri Carver for HD 20

Mailing Address PO Box 7616

City Colorado Springs State CO Zip Code 80933

Purpose of Disbursement
Contribution

011

Candidate Name
Terri Carver

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 |
| 0 | 8 | | 1 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : 37447484

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

Full Name (Last, First, Middle Initial)

C. Bernie Herpin for Senate District 11

Mailing Address PO Box 76521

City Colorado Springs State CO Zip Code 80970

Purpose of Disbursement
Contribution

011

Candidate Name
CO Sen. Bernie Herpin

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 |
| 0 | 8 | | 1 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : 37447517

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Contribution

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 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 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. The Committee to Elect Brian DelGrosso

Mailing Address 1437 N. Denver Ave.
#281

City Loveland State CO Zip Code 80538

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

CO Rep. Brian Delgrosso

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 19 | | 2014 |

Transaction ID : 37447530

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends and Neighbors for Dan Pabon

Mailing Address 3182 W 35th Ave

City Denver State CO Zip Code 80211

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

CO Rep. Dan Pabon

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 19 | | 2014 |

Transaction ID : 37447531

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

C. Friends and Neighbors for Dan Pabon

Mailing Address 3182 W 35th Ave

City Denver State CO Zip Code 80211

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

CO Rep. Dan Pabon

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 19 | | 2014 |

Transaction ID : 37447532

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Contribution

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

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

| |
|--------|
| 600.00 |
|--------|

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Dominick Moreno

Mailing Address 5821 Tichy Blvd

City Commerce City State CO Zip Code 80022

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Dominick Moreno

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447561

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Dominick Moreno

Mailing Address 5821 Tichy Blvd

City Commerce City State CO Zip Code 80022

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Dominick Moreno

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447562

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

C. Aguilar for 32

Mailing Address PO Box 27424

City Denver State CO Zip Code 80227

Purpose of Disbursement
Contribution

011

Candidate Name

CO Sen. Irene Aguilar MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447565

Amount of Each Disbursement this Period

200.00

Contribution

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

600.00

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. Aguilar for 32

Mailing Address PO Box 27424

City State Zip Code
Denver CO 80227

Purpose of Disbursement
Contribution

011

Candidate Name

CO Sen. Irene Aguilar MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447566

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jerry Sonnenberg

Mailing Address 4465 CR 63

City State Zip Code
Sterling CO 80751

Purpose of Disbursement
Contribution

011

Candidate Name

Jerry Sonnenberg

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447571

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Keyser for HD25

Mailing Address PO Box 1168

City State Zip Code
Morrison CO 80465

Purpose of Disbursement
Contribution

011

Candidate Name

John Keyser

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447578

Amount of Each Disbursement this Period

200.00

Contribution

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

600.00

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. Citizens for Kevin Grantham

Mailing Address 318 W Circle Drive

City State Zip Code
Canon City CO 81212

Purpose of Disbursement
Contribution

Candidate Name

CO Sen. Kevin Grantham

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447580

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Van Winkle for Colorado

Mailing Address 9817 Chatswood Trail

City State Zip Code
Highlands Ranch CO 80126

Purpose of Disbursement
Contribution

Candidate Name

Kevin Van Winkle

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447590

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Larry Crowder

Mailing Address 0777 N Rd. 102

City State Zip Code
Alamosa CO 81101

Purpose of Disbursement
Contribution

Candidate Name

Mr. Larry Crowder

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : 37447624

Amount of Each Disbursement this Period

200.00

Contribution

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

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

600.00

**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. Committee to Elect Leroy Garcia

Mailing Address 41 Potero Drive

City Pueblo State CO Zip Code 81005

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Leroy Garcia Jr.

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2014

Transaction ID : 37447629

Amount of Each Disbursement this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Camper Re-Elect Campaign

Mailing Address PO Box 16966

City Memphis State TN Zip Code 38186

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

TN Rep. Karen Camper

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : 37447822

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of David Shepard

Mailing Address 204 McCreary Heights

City Dickson State TN Zip Code 37055

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Representa David Shepard

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : 37447823

Amount of Each Disbursement this Period

750.00

Contribution

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

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

1450.00

**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. John Stevens for Senate

Mailing Address PO Box 399

City: Huntington State: TN Zip Code: 38344

Purpose of Disbursement: Contribution

Candidate Name: **TN Sen. John Stevens**

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

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 37447824

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. Matheny Re-Elect Campaign

Mailing Address 398 Vanguard Ln

City: Tullahoma State: TN Zip Code: 37388

Purpose of Disbursement: Contribution

Candidate Name: **TN Rep. Judd Matheny**

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

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 37447825

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Senator Mike Bell Re-Elect Campaign

Mailing Address 261 County Road 757

City: Riceville State: TN Zip Code: 37370

Purpose of Disbursement: Contribution

Candidate Name: **TN Sen. Mike Bell**

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

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 37447826

Amount of Each Disbursement this Period

750.00

Contribution

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sexton for State Representative

Mailing Address 186 Homestead Drive

City Crossville State TN Zip Code 38555

Purpose of Disbursement
Contribution

011

Candidate Name

TN Rep. Cameron Sexton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 37447827

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. White Re-Elect Campaign

Mailing Address 1661 Aaron Brenner Dr
Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Contribution

011

Candidate Name

TN Rep. Mark White

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 37447828

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dave Robertson for State Senate

Mailing Address PO Box 181

City Grand Blanc State MI Zip Code 48480

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. David Byres Robertson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452936

Amount of Each Disbursement this Period

250.00

Contribution

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

1500.00

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

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

Full Name (Last, First, Middle Initial)

A. Citizens Supporting Tory Rocca

Mailing Address 12481 Starlite Ct.

City State Zip Code
Sterling Heights MI 48312

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Tory M. Rocca

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452937

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joe Haveman for State Representative

Mailing Address PO Box 457

City State Zip Code
Zeeland MI 49464

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Joseph Haveman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452938

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tim Greimel

Mailing Address PO Box 14105

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Tim A. Greimel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452939

Amount of Each Disbursement this Period

500.00

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"/> 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 Tom Cochran to the 67th District

Mailing Address 418 Coppersmith Drive

City State Zip Code
Mason MI 48854

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

MI Rep. William T. Cochran

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37452940

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Lisa Posthumus Lyons

Mailing Address 7815 Alden Nash SE

City State Zip Code
Alto MI 49302

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

MI Rep. Lisa Lyons

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37452941

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Joe Hune for State Senate

Mailing Address 4849 Hogback Rd.

City State Zip Code
Fowlerville MI 48836

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

MI Sen. Joe Hune

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37452943

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)
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Detailed Summary Page

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Judy Emmons for State Senate

Mailing Address 506 E Carson City Rd

City Sheridan State MI Zip Code 48884

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Judy K. Emmons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452944

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Knezek for Senate

Mailing Address PO Box 867

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Contribution

011

Candidate Name

David Knezek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452945

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rick Jones for State Senate

Mailing Address PO Box 115

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Rick A. Jones

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452946

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)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Winnie Brinks

Mailing Address 2060 Osceola Dr. SE

City Grand Rapids State MI Zip Code 49506

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Winnie T. Brinks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452947

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Anne Gonzales

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452948

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement
Contribution

011

Candidate Name

Jay Hottinger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452949

Amount of Each Disbursement this Period

500.00

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)
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Detailed Summary Page

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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Robert D. Hackett

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Robert Hackett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452950

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Oelslager for Ohio Committee

Mailing Address 6706 Lake Cable Ave. NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement
Contribution

011

Candidate Name

OH Sen. Scott Oelslager

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : 37452951

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ed Jackson for Senate

Mailing Address 25 Wyndhurst

City Jackson State TN Zip Code 38305

Purpose of Disbursement
Contribution

011

Candidate Name

Edward Jackson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453208

Amount of Each Disbursement this Period

500.00

Contribution

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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. Paul Bailey for Senate

Mailing Address 252 Lowery Road

City State Zip Code
Sparta TN 38583

Purpose of Disbursement
Contribution

011

Candidate Name

TN Rep. Paul Bailey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453209

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Gronstal

Mailing Address 114 McKenzie Circle

City State Zip Code
Council Bluffs IA 51503

Purpose of Disbursement
Contribution

011

Candidate Name

IA Sen. Michael Gronstal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453210

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Governor Branstad Committee

Mailing Address 1601 22nd St., Suite 400

City State Zip Code
West Des Moines IA 50266

Purpose of Disbursement
Terry Branstad, GOVERNOR IA

011

Candidate Name

Gov. Terry E. Branstad

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453211

Amount of Each Disbursement this Period

2000.00

Terry Branstad, GOVERNOR IA

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

3750.00

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. Mark Smith for Iowa House

Mailing Address 100 E Southridge Road

City Marshalltown State IA Zip Code 50158

Purpose of Disbursement
Contribution

011

Candidate Name
Representa Mark Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453212

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Durkin

Mailing Address 16W281 83rd St
Ste D

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
Contribution

011

Candidate Name
IL Rep. Jim Durkin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453218

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for John Cullerton for State Senate

Mailing Address 29 S. LaSalle St. Suite 936

City Chicago State IL Zip Code 60603-1525

Purpose of Disbursement
Contribution

011

Candidate Name
IL Sen. John J. Cullerton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453220

Amount of Each Disbursement this Period

2000.00

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

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

Full Name (Last, First, Middle Initial)

A. Friends of John Bradley, Inc.

Mailing Address PO Drawer 488

City Marion State IL Zip Code 62959

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

IL Rep. John Bradley

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453222

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Michael J Madigan

Mailing Address PO Box 3188

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

IL Rep. Michael J. Madigan

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453224

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Zalewski for State Representative

Mailing Address 413 Addison Rd.

City Riverside State IL Zip Code 60546-2007

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

IL Rep. Michael J. Zalewski

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : 37453226

Amount of Each Disbursement this Period

500.00

Contribution

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

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

2000.00

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

Use separate schedule(s)
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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. Mike Chaney Campaign

Mailing Address PO Box 23242

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Contribution

011

Candidate Name

Mike Chaney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453228

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Campaign To Elect Walter ('Four') Price

Mailing Address 2606 S. Lipscomb

City Amarillo State TX Zip Code 79109-2332

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Walter Four Price

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453230

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Doug Miller Campaign

Mailing Address 865 Fredericksburg

City New Braunfels State TX Zip Code 78130

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Doug Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453237

Amount of Each Disbursement this Period

1000.00

Contribution

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

2500.00

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. Friends of Brandon Creighton

Mailing Address 17530 St Luke's Way
Ste 390

City The Woodlands State TX Zip Code 77384

Purpose of Disbursement
Contribution

011

Candidate Name

Brandon Creighton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453238

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Raney Campaign

Mailing Address PO Box 11461

City College Station State TX Zip Code 77842

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. John Raney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453253

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kel Seliger Campaign

Mailing Address PO Box 31748

City Amarillo State TX Zip Code 79120

Purpose of Disbursement
Contribution

011

Candidate Name

TX Sen. Kel Seliger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453256

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Senator Eddie Lucio Jr. Campaign

Mailing Address PO Box 5958

City State Zip Code
Brownsville TX 78523

Purpose of Disbursement
Contribution

Candidate Name

Senator Eduardo Lucio Jr.

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453257

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Juan Hinojosa Campaign

Mailing Address PO Box 1421

City State Zip Code
Austin TX 78767

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Juan Hinojosa

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453259

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Senfronia Thompson Campaign

Mailing Address 1300 Main Street
Suite 300

City State Zip Code
Houston TX 77002

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Senfronia Thompson

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453302

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

3500.00

**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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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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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. Sergio Munoz Jr. Campaign

Mailing Address 1110 S. Closner Blvd

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Sergio Munoz Jr.

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : 37453304

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Elect Steve Pierce

Mailing Address 4340 E Indian School Rd, Ste 21-55

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
Void - Elect Steve Pierce; check dated 7/29/2014

Candidate Name

AZ Sen. Steve Pierce

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2014

Transaction ID : 37453401

Amount of Each Disbursement this Period

-500.00

Void - Elect Steve Pierce; check dated 7/29/2014

Full Name (Last, First, Middle Initial)

C. Friends and Neighbors for Dan Pabon

Mailing Address 3182 W 35th Ave

City Denver State CO Zip Code 80211

Purpose of Disbursement
Void - Friends and Neighbors for Dan Pabon; check dated 8/19/2014

Candidate Name

CO Rep. Dan Pabon

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : 37455820

Amount of Each Disbursement this Period

-200.00

Void - Friends and Neighbors for Dan Pabon; check dated 8/19/2014

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

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

300.00

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial)

A. Friends and Neighbors for Dan Pabon

Mailing Address 3182 W 35th Ave

City State Zip Code
Denver CO 80211

Purpose of Disbursement
Void - Friends and Neighbors for Dan Pabon; check dated 08/19/2014

011

Candidate Name

CO Rep. Dan Pabon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : 37455821

Amount of Each Disbursement this Period

-200.00

Void - Friends and Neighbors for Dan Pabon; check dated 08/19/2014

Full Name (Last, First, Middle Initial)

B. Aguilar for 32

Mailing Address PO Box 27424

City State Zip Code
Denver CO 80227

Purpose of Disbursement
Void - Aguilar for 32; check dated 08/19/2014

011

Candidate Name

CO Sen. Irene Aguilar MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : 37455822

Amount of Each Disbursement this Period

-200.00

Void - Aguilar for 32; check dated 08/19/2014

Full Name (Last, First, Middle Initial)

C. Aguilar for 32

Mailing Address PO Box 27424

City State Zip Code
Denver CO 80227

Purpose of Disbursement
Void - Aguilar for 32; check dated 08/19/2014

011

Candidate Name

CO Sen. Irene Aguilar MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : 37455823

Amount of Each Disbursement this Period

-200.00

Void - Aguilar for 32; check dated 08/19/2014

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

-600.00

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

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

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Detailed Summary Page

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

Full Name (Last, First, Middle Initial)

A. Jim Marleau for State Senate

Mailing Address 3181 Sandoval Dr.

City Lake Orion State MI Zip Code 48360

Purpose of Disbursement
Void - Jim Marleau for State Senate; check dated 9/3/2013

011

Candidate Name
MI Sen. James Marleau

Category/
Type

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : 37513903

Amount of Each Disbursement this Period

-500.00

Void - Jim Marleau for State Senate; check dated 9/3/2013

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-500.00

64200.00