Image# 14970822300				PA	GE 1 / 221
	EPORT OF F ND DISBUR r Other Than An Auth	SEMENTS	S	Office Use Only	Г
1. NAME OF T COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ig, type 12FI	E4M5	
UnitedHealth Group Inco	prporated PAC (Unit	ed for Health)			
ADDRESS (number and street)	9900 Bren Road East				
Check if different than previously reported. (ACC)	Minnetonka		MN	55343	-
2. FEC IDENTIFICATION NUM	BER V CITY	″▲	STATE	ZIP CO	
C C00274431	3. IS RE		IEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: Apr 2 (c) 12-Day PRE-Election Report for the:	20 (M3) J 0 (M4) J Primary (12P) Convention (1 on / / General (30G	12C) Sp	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12S) in the State	Special (30S)
5. Covering Period 08	Report and to the best of r Sherwood, Susan, , ,	through	08 / 31	2014	
Signature of Treasurer	od, Susan, , ,		Date	09 / D D / 19	Y Y Y Y 2014
NOTE: Submission of false, erroneor	us, or incomplete information	may subject the pers	on signing this Repo	rt to the penalties of 52	2 U.S.C. § 30109
Office Use Only				FEC FOF Rev. 05/2	

04/01/2025 13 : 04

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (United for Health)

R	eport Covering the Period: From:	08 / 01 / Y Y Y Y 2014 To	M M / D D / Y Y Y 08 / 31 / 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		360509.30
	(b) Cash on Hand at Beginning of Reporting Period	240637.43	
	(c) Total Receipts (from Line 19)	61513.67	519215.84
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	302151.10	879725.14
7.	Total Disbursements (from Line 31)	141010.00	718584.04
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	161141.10	161141.10
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DE	TAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 05/2016)		Page 3
Write or Type Committee Name		
UnitedHealth Group Incorporated PA	C (United for Health)	
Report Covering the Period: From:	/ 01 / 2014 To	: 08 / D / Y Y Y Y 31 2014
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	56613.93	407738.19
(i) Itemized (use Schedule A)		407730.19
(ii) Unitemized	4899.74	106327.65
(iii) TOTAL (add	4	
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	64540.67	514065.84
Totals to Line 33, page 5)▶	61513.67	14003.04
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	
13. All Loans Received	0.00	0.00
13. All Loans Received		
	0.00	0.00
14. Loan Repayments Received	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),	61512.67	519215.84
12, 13, 14, 15, 16, 17, and 18(c))▶	61513.67	010210.04
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	61513.67	519215.84

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 516500.00 72000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 10.00 24.04 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 10.00 24.04 29. Other Disbursements (Including 202060.00 Non-Federal Donations)..... 69000.00 30. Federal Election Activity (52 U.S.C. § 30101(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 Total Federal Election Activity (add (C) 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

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)		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.	(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

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PAGE 6 OF

				Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose o		oliciting	cont	tributi	ons			
	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	d PAC (I	Un	ited for Health)												
A.	Full Name of Individual (Last, First, Middle Initial IVERSON, LISA M, , ,	al) or Full O)rga	nization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East					^M 08	1	D 31		/ Y	۲ 201		Y			
	City Minnetonka	State MN		Zip Code 55343-9664		Transaction ID : 25756032 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			153.84											
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Staff		M	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 307.68]											
В.	Full Name of Individual (Last, First, Middle Initia KANDALAFT, KEVIN P, , ,	al) or Full O	rga	nization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East							31		/ Y	y 201		Y			
	City Minnetonka	State MN		Zip Code 55343-9664						5760430 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С				166.66										
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Plan Pres						Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 249,99]											
С.	Full Name of Individual (Last, First, Middle Initia LINDSAY, VIVIAN M, , ,	al) or Full O	rga	nization Name		Date of	Re	eceipt								
	Mailing Address 9900 Bren Road East					^M 08	/	D 01		/ Y	201	4 4	Y			
	City Minnetonka	State MN		Zip Code 55343-9664				-	-	741933 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С				_:		y		9		178.5	7			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi SVP		tion (for Individual) s		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 892.85]											
s	UBTOTAL of Receipts This Page (optional)				•		_	,		9		499.0	7			
Т	OTAL This Period (last page this line number o	nly)							_	-		- 40				

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PAGE 7 OF

	Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. C 370.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item Optum Services, Inc Assc Dir Gen Mgmt Memo Item	1 -7															
						or the		oose of	soliciti		ntribut						
or		ame and a	daress	s or any political committee	e to so	IICIT COR	ITID	utions f	rom su	un co	ommitte	e.					
		//															
	UnitedHealth Group Incorporated	I PAC (l	Unite	ed for Health)													
A.		I) or Full O	rganiz	ation Name		Date of Receipt											
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	5 S S S S S S S S S S S S S S S S S S S						Ľ			2	014						
	City		Z			Trans	acti	on ID :	374197	'03							
	Minnetonka	MN		55343-9664	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			370.00												
	Name of Employer (for Individual) Optum Services, Inc		•	,		Me	emo	Item									
	Receipt For:	Aggregate	Year-t	o-Date ▼													
		, iggi oguto	loui t		11.												
	Other (specify) V		-y-	370.00	4												
R			Date of	Re	ceint												
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								08 15 2014									
	City	State	Z	ip Code		Trans	acti	on ID :	374480	14							
	Minnetonka	MN		55343-9664	/	Amount	of	Each R	eceipt	this F	Period						
	FEC ID number of contributing federal political committee.	C									19.2	23					
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir E		Me	emo	Item											
	Receipt For:	Aggregate	Year-t	o-Date 🔻													
	Primary General Other (specify) ▼		,	211.53]												
C.	Full Name of Individual (Last, First, Middle Initia MASON, JOHN TYLER, J, ,	l) or Full Oi	rganiz	ation Name		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East					08	/	D D D 15	/		014 ^Y	Y					
	City	State		ip Code		Trans	acti	ion ID :	374482	250							
	Minnetonka	MN		55343-9664	A	Amount	of	Each R	eceipt	this F	Period						
	FEC ID number of contributing federal political committee.	С						y	7		500.0	0					
	Name of Employer (for Individual)	Occu	upatior	n (for Individual)		M	emo	Item									
	United HealthCare Services Inc	VP C	Comm	. ,													
	Receipt For:	Aggregate	o-Date 🔻														
	Primary General			500.00	11												
	Other (specify)		-	500.00													
s	UBTOTAL of Receipts This Page (optional)				•			9	,		889.2	3					
т	OTAL This Period (last page this line number on	ly)															

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PAGE 8 OF

			Use separate schedule(s)	(check onl	y one)								
	IZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_					
	ormation copied from such Reports and Sta commercial purposes, other than using the												
	IE OF COMMITTEE (In Full)												
Or	itedHealth Group Incorporate	d PAC (U	Inited for Health)										
	Name of Individual (Last, First, Middle Initia DPELAND, COLLEEN, , ,	al) or Full Or	ganization Name	Date o	Date of Receipt								
Maili	ing Address 9900 Bren Road East			08	08 31 2014								
City		State	Zip Code	Trans	action ID	: 3751585	7						
Min	netonka	MN	55343-9664	Amoun	t of Each I	Receipt th	is Period						
	ID number of contributing ral political committee.	С			0.00								
Nam	ne of Employer (for Individual)		pation (for Individual)	ХМ	emo Item								
	um Services, Inc	Mgr I	T Sys Anlys										
Rece	eipt For:	Aggregate Y	'ear-to-Date ▼										
	Primary General Other (specify) ▼		70.00		Refund(s) on Schedule B Totaling \$10.00 This ch the YTD Total to \$70.00								
	Name of Individual (Last, First, Middle Initia REB, DEBORAH S, , ,	al) or Full Org	ganization Name	Date o	Receipt								
Maili	ing Address 9900 Bren Road East			08	/ D 31		2014	Y					
City		State	Zip Code	Trans	action ID :	PR11597	94135022	_					
Mini	netonka	MN	55343-9664	Amoun	t of Each I	Receipt th	is Period						
	ID number of contributing ral political committee.	С					28.0	0					
	ne of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) roj Mgmt	М	emo Item								
Rece	eipt For:	Aggregate Y	′ear-to-Date ▼										
	Primary General Other (specify) ▼		238.00	P/R Ded	uction (\$14	4.00 Bi-We	eekly)						
	Name of Individual (Last, First, Middle Initia AZLAUSKAS, ANTHONY J, , ,	al) or Full Org	ganization Name	Date o	Receipt								
	ing Address 9900 Bren Road East				/ D 31		2014	Y					
City		State	Zip Code	Trans	action ID	: PR11597	794635022						
Min	netonka	MN	55343-9664	Amoun	t of Each I	Receipt th	is Period						
	ID number of contributing ral political committee.	С			y	, , , , , , , , , , , , , , , , , , ,	40.0	0					
Unit	e of Employer (for Individual) ed HealthCare Services Inc	Occuj Sr Me	pation (for Individual) ed Dir	M	emo Item								
Rece	eipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 340.00	P/R Dec	P/R Deduction (\$20.00 Bi-Weekly)								
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 rrson for the purpose of soliciting contributions									
or for commercial purposes, other than using	the name and add	lress of any political committee	to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpor	ated PAC (U	nited for Health)										
Full Name of Individual (Last, First, Middle BELLOWS, BRIAN R, , ,	Initial) or Full Org	anization Name	Date of Receipt									
Mailing Address 9900 Bren Road East		1	08 / D D / Y Y Y Y 2014									
City	State	Zip Code	Transaction ID : PR1159803835022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) A VP SIs Bus Dev	Memo Item									
Receipt For:	Aggregate Ye	ar-to-Date V										
Primary General Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. NOBLITT, KEITH W, , ,	Initial) or Full Org	anization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR1159805535022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) 3 NAs Ind Contr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. WATSON, JAMES S, , ,	Initial) or Full Org	anization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 08 31 2014									
City	State	Zip Code	Transaction ID : PR1159806035022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) Sen Counsel	Memo Item									
Receipt For:		ear-to-Date 🔻	1									
Primary General Other (specify)		425.00	P/R Deduction (\$25.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional))	>	120.00									
TOTAL This Period (last page this line numb												

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				Summary Page		11a		11b	11c	12							
						13		14	15	16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r																
\backslash	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporated	d PAC (l	Jnited for	r Health)													
Α.	Full Name of Individual (Last, First, Middle Initia COOK, WAYNE F, , ,	al) or Full O	rganization N	lame		Date of Receipt											
	Mailing Address 9900 Bren Road East					08 31 2014											
	City	State	Zip Code			Transaction ID : PR1159812835022											
	Minnetonka	MN	55343-	-9664	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			120.00												
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Ir Ops	ndividual)		Me	emo	ltem									
	Receipt For:	Aggregate	Year-to-Date	•													
	Primary General Other (specify) ▼			1020.00	P/	/R Ded	ucti	on (\$60.	00 Bi-We	eekly)							
В.								Date of Receipt									
	Mailing Address 9900 Bren Road East							08 / D D / Y Y Y Y 2014									
	City	State	Zip Code	e		Trans	acti	on ID :	PR11598	1473502	2						
	Minnetonka	MN	55343-	9664	A	mount	of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С		384.60													
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) EVP Pres UHG Ops					emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	3269.10	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia ERLANDSON, PATRICK J, , ,	al) or Full O	rganization N	lame		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East					M M 08	/	31	/ Y	2014 Y	Y						
	City	State MN	Zip Code			Trans	act	ion ID :	PR11598	31593502	2						
	Minnetonka		55343-9	9004	A	mount	of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С						,	7	384.	60						
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Ir Bus Ops	ndividual)		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 3269.10					P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)							,		889.	20						
Т	OTAL This Period (last page this line number or	nly)						-	1.45								

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	orporated PAC (I	Jnited for Health)										
Full Name of Individual (Last, First, SAURO, PATRICIA R, , ,		rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road Ea	State	Zip Code	08 31 2014 Transaction ID : PR1159816435022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? UnitedHlthcare	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	P/R Deduction (\$60.00 Bi-Weekly)									
Full Name of Individual (Last, First, MUNSELL, WILLIAM A, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road Ea												
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159816635022 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		200.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Advsr to Office of CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)									
Full Name of Individual (Last, First, C. PENSHORN, JOHN S, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road Ea			08 / D D / Y Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159816935022 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) UnitedHIth Group	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3269.10	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (o	ptional)		704.60									
TOTAL This Period (last page this lin	e number only)											

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PAGE 12 OF

					X	11a		11b	11c		12				
				Partied Sulfinally Page 13 14 15 16 17 t be sold or used by any person for the purpose of soliciting contributions from such committee. ed for Health) ed for Health) Date of Receipt 08 2014 Zip Code 55343-9664 Transaction ID : PR1159817435022 amount of Each Receipt this Period 100.00 100.00 in (for Individual) Memo Item 102.014 en Counsel Mgr Date of Receipt 100.00 in (for Individual) P/R Deduction (\$50.00 Bi-Weekly) zation Name Date of Receipt 08 31 2014 Transaction ID : PR1159817935022 Amount of Each Receipt this Period 102 08 31 2014 Transaction ID : PR1159817935022 Amount of Each Receipt this Period 194.00 in (for Individual) P/R Deduction (\$97.00 Bi-Weekly) 194.00 194.00 in (for Individual) P/R Deduction (\$97.00 Bi-Weekly) 2014 194.00 in (for Individual) P/R Deduction (\$97.00 Bi-Weekly) 2014 100.00 in (for Individual) P/R Deduction (\$97.00 Bi-Weekly) 2014 100.00											
or	for commercial purposes, other than using the	atements ma name and a	ay not ddres	be sold or used by any personal solutions of any political committee	erson for to sol	or the icit cor	purp ntrib	oose of a utions fr	soliciting om sucł	l con	tributi nmitte	ons e.			
\backslash	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporate	d PAC (l	Unit	ed for Health)											
Α.	Full Name of Individual (Last, First, Middle Initi KALLMEYER, PAUL D, , ,	al) or Full O	rganiz	zation Name	Date of Receipt										
	Mailing Address 9900 Bren Road East						1		/ Y	ү 20	ү 14	Y			
	City	State MN	Z	•								1			
	Minnetonka			00040-9004	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			100.00										
	Name of Employer (for Individual) United HealthCare Services Inc		•	, ,		Me	emo	Item							
	Receipt For:	Aggregate	Year-	to-Date ▼											
	Primary General Other (specify) ▼				P/R Deduction (\$50.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initi RYAN, TIMOTHY F, , ,	al) or Full O	rganiz	zation Name	Date of Receipt										
	Mailing Address 9900 Bren Road East														
	City	State	Z	Zip Code		Trans	acti	on ID : F	PR11598	31793	35022				
	Minnetonka	MN		55343-9664	A										
	FEC ID number of contributing federal political committee.	C						.		_	194.0	0			
	Name of Employer (for Individual) Optum Services, Inc				Memo Item										
	Receipt For:	Aggregate	Year-	to-Date 🔻	_										
	Primary General Other (specify) ▼		,	1649.00	P/	R Ded	uctio	on (\$97.0	00 Bi-We	eekly)				
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi QUIRK, THOMAS J, , ,	al) or Full O	rganiz	zation Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East						1		/ Y			Y			
	City	State	Z	•		Trans	acti	ion ID : I	PR1159	8191	35022	2			
	Minnetonka	MN		22343-9004	A	Amount	of	Each Re	eceipt th	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С						,	,		100.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Plan	()		Memo Item									
	Receipt For:	Aggregate	Year-	to-Date ▼											
	Primary General Other (specify)			P	P/R Deduction (\$50.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•••••				y	. ,		394.0	0			
т	OTAL This Period (last page this line number o	only)			. [-						

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incor	porated PAC (I	Jnited for Health)									
Full Name of Individual (Last, First, M FALK, DAVID J, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159820235022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.00								
Name of Employer (for Individual) Optum Services, Inc	Occu	upation (for Individual)	Memo Item								
Receipt For:		Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)								
Other (specify) ▼			1								
Full Name of Individual (Last, First, M MIGLIORI, RICHARD J, , ,	Iddie Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159827435022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		200.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Consumr Hlth Med Care	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)								
Full Name of Individual (Last, First, M C. RIVET, JEANNINE M, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159830035022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) UnitedHlth Grp	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3269.10	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (opti-	onal)		612.60								
TOTAL This Period (last page this line r	number only)										

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PAGE 14 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (U	nited for Health)										
Α.	WELTERS, ANTHONY, , Mr.,												
	Mailing Address 9900 Bren Road East	State	Zip Code	08 / D D / Y Y Y Y 2014									
	Minnetonka	MN	55343-9664	Transaction ID : PR1332013235022									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Sr Ad	vation (for Individual)	Memo Item									
	Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 3269.10	P/R Deduction (\$192.30 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initia BOHNENKAMP, ROBERT J, , ,	l) or Full Org	anization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			08 31 Y Y Y Y Y 2014									
	City Minnetonka	State MN	Transaction ID : PR1551005635022 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		78.00									
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment CIO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia BRESOLIN, MICHAEL J, , ,	l) or Full Org	anization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			08 / D / Y Y Y Y 08 31 2014									
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551005735022 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		40.00									
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) are Advocacy	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	502.60									
T	OTAL This Period (last page this line number on	ly)	•	<u> </u>									

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			for each category of the Detailed Summary Page]11a		11b		11c	12				
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	y information copied from such Reports and State for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	PAC (L	Inited for Health)											
A.	Full Name of Individual (Last, First, Middle Initial) MATTEO, MICHAEL C, , ,	or Full Or	ganization Name	[Date of Receipt									
	Mailing Address 9900 Bren Road East				08 / D / Y Y Y Y 2014									
	City Minnetonka	State MN	Zip Code 55343-9664							13343502				
		IVIIN	55545-9004	_ /	Amount	of	Each	Rec	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С		230.76										
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Growth Off		Me	emo	lten	ſ						
	Receipt For:	Aggregate N	′ear-to-Date ▼											
	Primary General Other (specify) ▼		1961.46	P	/R Ded	ucti	on (\$	115.3	38 Bi-V	Veekly)				
	Full Name of Individual (Last, First, Middle Initial) ENDERLE, JOHN O, , ,	or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				м м 08	/		^р 31	/ Y	2014	Y			
	City	State	Zip Code		Trans	acti	ion IC) : Pl	R15543	32353502	2			
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		110.00 Memo Item										
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) n Exec Dir											
	Receipt For:	Aggregate N	′ear-to-Date ▼											
	Primary General Other (specify) ▼		935.00	P/R Deduction (\$55.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) ERICKSON, KAREN L, , ,	or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				M M 08	/		31	/ Y	2014 Y	Y			
	City	State MN	Zip Code		Trans	acti	ion II	D : P	R1575	95763502	22			
	Minnetonka	IVIIN	55343-9664	/	Amount	of	Each	Rec	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			_		,		9	384	60			
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) n Exec		M	ema	b Iten	n						
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	Primary General	Aggregate N	'ear-to-Date ▼											
	Other (specify)		3269.10	P	/R Ded	lucti	ion (\$	192.	30 Bi-V	Veekly)				
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				Detailed Summary Page		11a 13		11 1∠	1b 4	1 ⁻	1c 5	12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the									solic	citing	contrib	outions		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	Uni	ted for Health)											
Α.	Full Name of Individual (Last, First, Middle Initi MONFILETTO, ERNEST, , , Mailing Address 9900 Bren Road East	al) or Full O	rgar	ization Name	Date of Receipt										
	City	State		Zip Code	_	08		L	31		5759	2014 581350			
	Minnetonka	MN		55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			153.84										
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Prgms		М	emo	o It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1307.64	I P	/R Dec	lucti	ion	(\$76.	92 B	3i-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initi VALENTA, LEE D, , ,	al) or Full O	rgar	nization Name		Date of	f Re	ece	ipt						
	Mailing Address 9900 Bren Road East					м м 08	/	l	31	/	Y	y y 2014	Y		
	City Minnetonka	State MN		Zip Code 55343-9664	Transaction ID : PR1575958535022 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						-			-		4.60		
	Name of Employer (for Individual) Optum Services, Inc	Occi Pres	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initi CAHILL, LAURA A, , ,	al) or Full O	rgar	ization Name		Date of	f Re	ece	ipt						
	Mailing Address 9900 Bren Road East					08 M	J.	L	D D D		L	2014	_		
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount						636350 s Perio			
	FEC ID number of contributing federal political committee.	С						9			,		3.08		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) SIs Exec OptumI	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 238.68	P/R Deduction (\$14.04 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)				•			,			,	566	6.52		
т	OTAL This Period (last page this line number o	only)			-			-			-				

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
ight angle UnitedHealth Group Incorpo	rated PAC (United for Health)										
Full Name of Individual (Last, First, Midd A. PAUL, THOMAS S, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y Y									
City	State	Zip Code	08 31 2014 Transaction ID : PR1580864735022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		200.00									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
United HealthCare Services Inc	UHO	C Chief Cnsmr Off										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			P/R Deduction (\$100.00 Bi-Weekly)									
Other (specify)		1700.00										
Full Name of Individual (Last, First, Middl	le Initial) or Full O	rganization Name										
B. WEBB, ROBERT THOMAS, , ,			Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City	State	Zip Code	Transaction ID : PR1580865335022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHlth Grp	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	—									
Primary General Other (specify) ▼		3269.10	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. HUGHES, RICHARD J, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR1596304135022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		200.00									
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
United HealthCare Services Inc Receipt For:	I	Human Capital Dev										
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		1700.00	P/R Deduction (\$100.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	al)		784.60									
TOTAL This Period (last page this line nun	nber only)											

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and	d Statements ma	ay not be sold or used by any	13 14 15 16 17 person for the purpose of soliciting contributions									
· · · · ·	the name and a	ddress of any political committe	ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	/											
/ UnitedHealth Group Incorpora	ated PAC (Jnited for Health)										
Full Name of Individual (Last, First, Middle A. JOHNSON, THAD C, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR1596304335022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		200.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Mkt	Group Gen Counsel										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	33 3 3 4		P/R Deduction (\$100.00 Bi-Weekly)									
Other (specify) v		1700.00										
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name										
B. MATUSHAK, JAY S, , ,			Date of Receipt									
Mailing Address 9900 Bren Road East		Zip Code	08 / D D / Y Y Y Y 08 31 2014									
City	State	Transaction ID : PR1596304635022										
Minnetonka	MN	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		78.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	1.55.05440		P/R Deduction (\$39.00 Bi-Weekly)									
Other (specify)		663.00										
Full Name of Individual (Last, First, Middle C. SCHUMACHER, DANIEL J, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			M = M / D = D / Y = Y = Y = Y									
			08 31 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596305435022									
		00040-0004	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Mkt	Group CFO										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General		3269.10	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify)		5209.10										
SUBTOTAL of Receipts This Page (optional)			► 662.60									
TOTAL This Period (last page this line numb	per only)											

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IТ			Use separate schedule(s)	(check only one)									
•	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12						
Ar	y information copied from such Reports and Sta	tements ma	v not be sold or used by any pe	rson for the p	14 14	15 dicitina	16 contribut	ions					
	for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
]	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)										
	Full Name of Individual (Last, First, Middle Initia	al) or Full Oi	rganization Name										
Α.	THEISEN, SCOTT E, , ,			Date of	Receipt								
	Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 2014									
	City	State MN	Zip Code	Transa	ction ID : PR	159630	0563502	2					
	Minnetonka		55343-9664	Amount	of Each Rec	eipt this	Period						
	FEC ID number of contributing federal political committee.	С			-	-7	38.4	46					
	Name of Employer (for Individual)	Occu	pation (for Individual)	Me	mo Item								
	Optum Services, Inc		Segment CFO										
	Receipt For:		Year-to-Date ▼	_									
	Primary General	, iggi oguto		P/R Dedu	iction (\$19.23	Ri_\\/م	akly)						
	Other (specify) ▼		230.76		φ15.20	, DI Wet	SKIY)						
R	Full Name of Individual (Last, First, Middle Initia LEWIS, THOMAS D, , ,	al) or Full O	rganization Name	Date of	Receint								
	Mailing Address 9900 Bren Road East						YY	V					
	Maining Address 9900 Dien Road East			08	31	/ 1 =	2014	1					
	City	State	Zip Code	Transa	ction ID : PR	159630	693502	2					
	Minnetonka	MN	55343-9664	Amount	of Each Rec	eipt this	Period						
	FEC ID number of contributing federal political committee.	C				-	76.9	92					
	Name of Employer (for Individual)		upation (for Individual) Plan CEO	Memo Item									
	United HealthCare Services Inc Receipt For:			-									
	Primary General	Aggregate	Year-to-Date V										
	Other (specify) V		653.82	P/R Dedu	ction (\$38.46	Bi-Wee	ekly)						
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Data of	Dessist								
C.	OBERRENDER, ROBERT W, , , Mailing Address 9900 Bren Road East			Date of									
	Maining Address 9900 Bren Road East			08 M	/ D D D 31	/ Y	2014	Y					
	City	State	Zip Code	Transa	ction ID : PF	R15963(0703502	2					
	Minnetonka	MN	55343-9664	Amount	of Each Rec	eipt this	Period						
	FEC ID number of contributing	C					220.0	00					
	federal political committee.	C			y	9	220.0						
	Name of Employer (for Individual)	Occu	pation (for Individual)	Me	mo Item								
	United HealthCare Services Inc	SVP	Treasurer										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		1870.00	P/R Dedu	uction (\$110.0)0 Bi-We	eekly)						
	Other (specify)		1070.00				• /						
s	UBTOTAL of Receipts This Page (optional)						335.3	38					
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (United for Health)												
Full Name of Individual (Last, First, M A. ANDERSON, MICHAEL J, , ,	iddle Initial) or Full O	Date of Receipt												
Mailing Address 9900 Bren Road East	:			08 31 2014										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596309335022 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		28.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Me	emo	lterr	ו							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00] P	/R Ded	ucti	on (\$	14.0	0 Bi-We	eekly)					
Full Name of Individual (Last, First, M FLYNN, DIANE BEDNAR, , ,	iddle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y 31 2014											
City Minnetonka	State MN	Zip Code 55343-9664							3 0973502 iis Period	2				
FEC ID number of contributing federal political committee.	C					- J -		-9	78.	00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) gn Exec Dir	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)											
Full Name of Individual (Last, First, M C. GARCIA, STEVAN D, , ,	iddle Initial) or Full O	rganization Name	1	Date of	Re	eceipt								
Mailing Address 9900 Bren Road East	1			08 ^M	/		31 ^D		ү ү 2014					
City Minnetonka	State MN	Zip Code 55343-9664							31293502 iis Period	2				
FEC ID number of contributing federal political committee.	C					y		y	38.	46				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ops		M	emo	o Item	ı							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 326.91] P	/R Ded	lucti	ion (\$	19.2	3 Bi-W	eekly)					
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NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpo	rated PAC (United for	·Health)										
HEUMANN, KURT A, , ,												
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City	State Zip Code MN 55343-		Transaction ID : PR1596313735022									
Minnetonka	MN 55343-		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Ir VP Finance	ndividual)	Memo Item									
Receipt For:	Aggregate Year-to-Date	•	-									
Primary General Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd 3. MALLATT, KATHLEEN A, , ,	le Initial) or Full Organization N	ame	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State Zip Code	Э	Transaction ID : PR1596315435022									
Minnetonka	MN 55343-9	9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Ir Exec Dir	ndividual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	653.82	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Midd RENNICK, JOHN H, , ,	le Initial) or Full Organization N	ame	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014									
City	State Zip Code		Transaction ID : PR1596316835022									
Minnetonka	MN 55343-9	9064	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		38.46									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Ir Med Dir	ndividual)	Memo Item									
Receipt For:	Aggregate Year-to-Date	•										
Primary General Other (specify)		326.91	P/R Deduction (\$19.23 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	,	F										
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	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12											
Ar	y information copied from such Reports and St	tatements ma	ay not be sold or used by any	13 14 15 16 17 person for the purpose of soliciting contributions											
	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
Ĺ	UnitedHealth Group Incorporate	ed PAC (I	United for Health)												
Α.	Full Name of Individual (Last, First, Middle Init ROSENTHAL, DANIEL I, , ,	ial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			08 31 Y Y Y Y Y 08 31 2014											
	City	State	Zip Code	Transaction ID : PR1596317335022											
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		192.30											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwks	Memo Item											
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	Primary General Other (specify) ▼		1634.55	P/R Deduction (\$96.15 Bi-Weekly)											
В.	Full Name of Individual (Last, First, Middle Init RUTH, KEVIN J, , ,	ial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			08 31 2014 Transaction ID : PR1596317435022											
	City	State Zip Code													
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		192.30											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, HIth Advancement	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1634.55	P/R Deduction (\$96.15 Bi-Weekly)											
С.	Full Name of Individual (Last, First, Middle Init STURKEY, DAVID C, , ,	ial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014											
	City	State MN	Zip Code 55343-9664	Transaction ID : PR1596318435022											
	Minnetonka		00040-9004	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		78.00											
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)											
	UBTOTAL of Receipts This Page (optional)			462.60											
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Full Name of Individual (A. TODD, JEFFREY AL	AN, , ,	Initial) or Full O	rganization Name	[Date of Receipt									
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Full Name of Individual (B. WASSERSTEIN, M I		Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Br	en Road East				м м 08	1	D 3	- 1	/ Y	y y 2014	Y			
City		State	Zip Code		Trans	acti	on ID	: Pf	R15963	31953502	22			
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Primary G Other (specify) ▼	General		326.91											
Full Name of Individual (C. WERLEY, MYRON		Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Br	en Road East				м м 08	/	3		/ Y	2014 Y	Y			
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\backslash	NAME OF COMMITTEE (In Full)			16 1 6 1 1 1 1 N																		
	UnitedHealth Group Incorporated	d PAC (l	Un	ited for Health)																		
Α.	Full Name of Individual (Last, First, Middle Initia DODDY, JOHN P, , ,	al) or Full O	rga	nization Name		Data of	F Do	ocoir	ot													
Α.	Mailing Address 9900 Bren Road East					Date of Receipt																
						08 31 2014																
	City Minnetonka	State MN		Zip Code 55343-9664		Trans	act	ion	ID : P	R16005	97335	022										
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<u> </u>	Full Name of Individual (Last, First, Middle Initia MICHAUX, MICHAEL D, , ,	al) or Full O	rga	nization Name		Date o	f Re	eceip	ot													
	Mailing Address 9900 Bren Road East				08 31 2014								Y									
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	Mailing Address 9900 Bren Road East					M M 08	/	D	31	/ Y	2014		Y									
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Detailed Summary Page X 11a 11b 11c 12 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) VisitedHealth Group Incorporated PAC (United for Health) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Use separate schedule(s)	(check only one)						
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3. MALONEY, JEFFREY W, , , Mailing Address 9900 Bren Road East City State Zip Code Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. C 192.30 Name of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$96.15 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Aggregate Year-to-Date ▼ 08 / 31 / 2014 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Mailing Address 9900 Bren Road East 08 / 31 / 2014 City Mailing Address 9900 Bren Road East 08 / 31 / 2014 City Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. 0 31 / 2014 City Mane of Employer (for Individual) 0 0 0 Optum Services, Inc VP IT 40.00 0 0 0 0 Receipt For: Aggregate Year-to-Date ▼ 0 0 0 0 0 0 0 0 0 0 0 <					-					
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/ UnitedHealth Group Incor	porated PAC (United for Health)														
Full Name of Individual (Last, First, M A. KOOREN, STEVE R, , ,	iddle Initial) or Full O	rganization Name	C	ate of	Re	ceipt										
Mailing Address 9900 Bren Road East				08 31 2014												
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Mailing Address 9900 Bren Road East	M M / D D / Y															
City	State	Zip Code		Trans	acti	on ID : P	R16534	4433502	2							
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item													
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Mailing Address 9900 Bren Road East				08	/	D D D 31		2014 Y								
City Minnetonka	State MN	Zip Code 55343-9664				ion ID : F			2							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
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UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)									
Full Name of Individual (Last, First, Mido A. CORBIN, ELIZABETH DARCIE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1669432235022 Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hth Care Initiv	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$100.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mido B. TALAMANTES, WILLIAM, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1806444735022 Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sigma Cnslt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mido C. EMERSON, PAUL M, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East		7.01	M M / D D / Y Y Y Y Y 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1806750335022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc	Occi COC	upation (for Individual))	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.82	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	al)		356.92								
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	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)											
۹.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CATHERINE K, , ,	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 9900 Bren Road East				08 31 2014									
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID : I				2			
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в.	Full Name of Individual (Last, First, Middle Initia BISHOP-HEROUX, KATHLEEN L, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East	08 / D / Y Y Y Y 2014												
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	Primary General Other (specify) V		340.00	P	P/R Deduction (\$20.00 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initia DUFEK, ROBERT J, , ,	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				08 ^M	/	31	/ Y	20	ү 14				
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID :				2			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)							
Full Name of Individual (Last, First, Mid EDBERG, SUSAN B, , , Mailing Address 9900 Bren Road East	dle Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	08 31 2014 Transaction ID : PR1903578135022						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid JOHNSON, CHRISTOPHER T, , ,		rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 2014						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1903591135022 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid C. PENN, STEVEN F, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1903612935022						
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Finance	Memo Item						
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∖ NA	AME OF COMMITTEE (In Full)												
/ι	InitedHealth Group Incorporate	ed PAC (l	Uni	ted for Health)									
۹٢	II Name of Individual (Last, First, Middle Initi SANTELLI, JOHN C, , ,	ial) or Full O	Orgar	ization Name		Date of Receipt							
Ma	ailing Address 9900 Bren Road East					08 31 2014							
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Ma	ailing Address 9900 Bren Road East					M M 08	/	D	31	/ Y	2014	ÝÝ	1
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	ame of Employer (for Individual) hited HealthCare Services Inc		•	ion (for Individual) Capital Partner Mgr		M	emo) Ite	əm				
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Ma	ailing Address 9900 Bren Road East					M M 08	/		31	/ Y	2014]
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (U	nited for Health)	
	Full Name of Individual (Last, First, Middle Initial) ALLEN, BRADLEY E, , ,) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	08 / 31 / 2014
	Minnetonka	MN	55343-9664	Transaction ID : PR2119466835022
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) sc Gen Counsel	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial) BENNETT, RUSSELL A, , ,) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1		08 / D D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119468035022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ktg Bus Dev	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) BRYAN, KATHIE L, , ,) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119469435022 Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Mrkting Comm	Memo Item
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\setminus	NAME OF COMMITTEE (In Full)													
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	Mailing Address 9900 Bren Road East					м м 08	/	D	31	/ Y	ү ү 2014	Y		
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	Full Name of Individual (Last, First, Middle Initia CROSS, RICHARD A, , ,	al) or Full Oi	rgar	nization Name		Date of	Re	eceip	ot					
	Mailing Address 9900 Bren Road East					м м 08	/		31	/ Y	y y 2014	Y		
	City	State		Zip Code	1	Trans	acti	on	ID : P	R21194	17183502	2		
-	Minnetonka	MN		55343-9664	A	mount	of	Ead	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.					-		4	50.	00				
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Gen Counsel Mgr	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$25.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initia DAVIS, KENNETH R, , ,	al) or Full O	rgar	nization Name		Date of	Re	eceir	ot					
	Mailing Address 9900 Bren Road East					м м 08	/		31	/ Y	ү 2014	Y		
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	FEC ID number of contributing federal political committee.	С						,		9	40.	00		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	•	ion (for Individual)	Memo Item									
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General	55 - 5			P	R Ded	ucti	ion ((\$20 (00 Bi-W	eeklv)			
	Other (specify)		7	340.00	P/R Deduction (\$20.00 Bi-Weekly)									
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171	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contribu	utions					
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)							
Α.	Full Name of Individual (Last, First, Middle Initia DAYAN, LINDA M, , ,	al) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y 2014	Y					
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR211947263502 Amount of Each Receipt this Period						
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	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) f of Staff	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 323.00	P/R Deduction (\$19.00 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia DEMBROSKI, TODD J, , ,	al) or Full Oi	rganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y 08 31 2014	Ŷ					
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR211947283502 Amount of Each Receipt this Period						
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia GILDERNICK, AMY J, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y 08 31 2014	_					
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR211947523502 Amount of Each Receipt this Period						
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Dir Clms	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			108.	.00					
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NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (United for Health)									
Full Name of Individual (Last, First, Middle HANSEN, DAVID M, , ,	e Initial) or Full C	Organization Name		Date of Receipt							
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item	1				
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Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) t Grp Chief Clin Off	Memo Item								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt	Memo Item								
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	y information copied from such Reports and Star for commercial purposes, other than using the n			rson for the p	urpose of s	oliciting	contribut	tions			
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	I PAC (l	United for Health)								
Α.	Full Name of Individual (Last, First, Middle Initia JONES, JOHN D, , ,	l) or Full Oi	rganization Name	Date of I	Receipt						
	Mailing Address 9900 Bren Road East				/ D D 31	/ Y	y y 2014	Y			
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	Optum Services, Inc	VP C	Govt Affs								
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initia LUEDKE, SANDY M, , ,	l) or Full Oi	rganization Name	Date of I	Receipt						
	Mailing Address 9900 Bren Road East			M M M 08	/ D D 31	/ Y	2014	Y			
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			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)	
Full Name of Individual (Last, First, Midd A. MACE-MEADOR, HEATHER M, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119482535022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd MASON, JEFFREY S, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City	State MN	Zip Code 55343-9664	Transaction ID : PR2119483035022
Minnetonka		55343-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ned Dir	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		, 255.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. NYGARD, KEITH E, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119485035022 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) Ipli Cnslt	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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\setminus	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated	I PAC (I	United for Health)	
Α.	Full Name of Individual (Last, First, Middle Initial OLLMANN-WAGNER, TRACY L, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	08 31 2014
	Minnetonka	MN	55343-9664	Transaction ID : PR2119485235022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) r SIs Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial PAXSON, LYNDA A, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119485835022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Field Acct Mgr	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial PETE, DIANA S, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119486335022
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 24.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Utilization Mgmt	Memo Item
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	Other (specify)		204.00	P/R Deduction (\$12.00 Bi-Weekly)
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\backslash	NAME OF COMMITTEE (In Full)															
/	UnitedHealth Group Incorporate	d PAC (l	Jnited	d for Health)												
A.	Full Name of Individual (Last, First, Middle Initi PETERS, MICHELLE LYNN, , ,	al) or Full O	rganizat	ion Name	r)ata of	Po	coint								
- -	Mailing Address 9900 Bren Road East					Date of Receipt										
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	Name of Employer (for Individual) United HealthCare Services Inc		upation Act Svs	(for Individual)		Me	emo	Item								
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B.	Full Name of Individual (Last, First, Middle Initi PITTMAN, AUSTIN T, , ,	al) or Full O	rganizat	ion Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 2014											
	City	State		Code		Trans	acti	on ID : F	PR21194	8673502	2					
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	FEC ID number of contributing federal political committee.	С					_			270.	00					
	Name of Employer (for Individual) United HealthCare Services Inc		upation Segme	(for Individual) nt CEO		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 2295.00	P/	'R Ded	uctio	on (\$135	.00 Bi-W	′eekly)						
с.	Full Name of Individual (Last, First, Middle Initi POLICH, CYNTHIA L, , ,	al) or Full O	rganizat	ion Name		Date of	Re	ceipt								
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	City Minnetonka	State MN		Code 5343-9664		Trans	act	ion ID : I	PR21194	8683502	2					
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\backslash	NAME OF COMMITTEE (In Full)														
]	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)												
A.	Full Name of Individual (Last, First, Middle Initia PROCHNOW, JAMES E, , ,	al) or Full O	rganization Name	[Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East	1-			08 31 2014										
	City Minnetonka	State MN	Zip Code 55343-9664												
			55545-9004	/	Amount	of	Each	Re	ceipt th	is Period					
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В.	Full Name of Individual (Last, First, Middle Initia STYERS, MARILYNN D, , ,	al) or Full O	rganization Name		Date of	Re	ceipt								
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	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (l	Uni	ted for Health)											
A.	Full Name of Individual (Last, First, Middle Initia THOMSON, CHERYL A, , ,	al) or Full Oi	rgar	ization Name	[Date of	f Re	eceip	ot						
	Mailing Address 9900 Bren Road East					м м 08	/	D	31	/ Y	y y 2014	Y			
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	Primary General Other (specify) ▼		-	255.00	P	/R Ded	lucti	ion (\$15.0	0 Bi-We	ekly)				
В.	Full Name of Individual (Last, First, Middle Initia TUCKER, STEVEN M, , ,	al) or Full O	rgar	ization Name		Date of	f Re	eceip	ot						
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	City	State		Zip Code		Trans	acti	ion l	ID : P	R21194	9203502	2			
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1632.00	P	/R Ded	ucti	ion (\$96.0	0 Bi-We	ekly)				
С.	Full Name of Individual (Last, First, Middle Initia VANASTEN, SUSAN, , ,	al) or Full Oi	rgar	ization Name		Date of	f Re	eceip	ot						
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	City	State		Zip Code		Trans	act	tion	ID : P	R21194	9263502	2			
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	ed from such Reports and Statements may not be sold or used by any person for the purpose of soliding contributions from such committee. mproses, other than using the name and address of any political committee to solid contributions from such committee. mproses, other than using the name and address of any political committee to solid contributions from such committee. that the tran using the name and address of any political committee to solid contributions from such committee. that the tran using the name and address of any political committee to solid contributions from such committee. that the transpondent of the transpondent of the purpose of solid ing contributions from such committee. that the transpondent of the transpondent of the purpose of solid ing contributions from such committee. that the transpondent of the transpondent of the purpose of solid ing contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such committee. that the transpondent of the purpose of solid contributions from such commit tee. that the purpose of the													
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Mailing Address 9900 Bren Road East	1													
City				Trans	acti	on	ID : I	PR2119	49353502	2				
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
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Name of Employer (for Individual) United HealthCare Services Inc		,	1	Me	emo	Ite	m							
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Full Name of Individual (Last, First, Middle WRIGHT, GREGORY, , ,	Initial) or Full O	rganization Name		Date of	Re	ceip	ot							
Mailing Address 9900 Bren Road East														
City	State	Zip Code		Transaction ID : PR2119494135022										
Minnetonka	MN	55343-9664												
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Name of Employer (for Individual) United HealthCare Services Inc				Me	emo	Ite	m							
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\backslash	NAME OF COMMITTEE (In Full)												
_	UnitedHealth Group Incorporated	PAC (L	Inited for Health)										
۹.	Full Name of Individual (Last, First, Middle Initia BURKE, FORREST G, , ,	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East	1 -		08 / D D / Y Y Y Y 2014									
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2133132435022									
			000+0*0004	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		200.00									
	Name of Employer (for Individual)		pation (for Individual)	Memo Item									
	United HealthCare Services Inc	Pres	PS Labor Trust										
	Receipt For:	Aggregate \	lear-to-Date ▼	_									
	Other (specify) ▼		1700.00	P/R Deduction (\$100.00 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			08 31 2014									
	City	State	Zip Code	Transaction ID : PR2133132535022									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		24.00 Memo Item									
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir C	pation (for Individual) Ilms										
	Receipt For:	Aggregate \	/ear-to-Date ▼										
	Primary General Other (specify) ▼		204.00	P/R Deduction (\$12.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 08 31 2014									
	City	State	Zip Code	Transaction ID : PR2133132635022									
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	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) nance	Memo Item									
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SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions								
	the name and a	ddress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpor	rated PAC (United for Health)									
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name									
A. HULTGREN, BROR O, , ,			Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014								
City	State	Zip Code	Transaction ID : PR2133133235022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		264.42								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
United HealthCare Services Inc		in Pres									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	, iggi ogulo		P/R Deduction (\$132.21 Bi-Weekly)								
Other (specify) ▼		1310.07									
Full Name of Individual (Last, First, Middle B. MILLER, ALLEN D, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East											
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City	State	Zip Code	Transaction ID : PR2133133635022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) gn Exec Dir	Memo Item								
Receipt For:		Year-to-Date ▼									
Primary General	Aggregate										
Other (specify) V		, 595.00	P/R Deduction (\$35.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. MORISATO, SUSAN C, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East											
			08 31 2014								
City	State	Zip Code	Transaction ID : PR2133133835022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		386.00								
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item								
United HealthCare Services Inc		s Insurance Sols									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			P/R Deduction (\$193.00 Bi-Weekly)								
Other (specify)		3281.00									
SUBTOTAL of Receipts This Page (optional)		720.42								
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				Detailed Summary Page	X	11a		11b		11c	12					
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	y information copied from such Reports and St for commercial purposes, other than using the															
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Α.	Full Name of Individual (Last, First, Middle Init NETTLETON, KIMBERLY ALLENE, , ,	ial) or Full O	rgai	nization Name		Date of	Re	ceipt								
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в.	Full Name of Individual (Last, First, Middle Init PUTNAM, T JEFFREY, , ,	ial) or Full O	rgai	nization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East					м м 08	/	D 31		/ Y	y y 2014	Ŷ				
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с.	Full Name of Individual (Last, First, Middle Init SCHIMMELBUSCH, DIANE M, , ,	ial) or Full O	rgai	nization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East					^M 08	/	D 31		/ Y	2014	Ŷ				
	City	State		Zip Code		Trans	acti	ion ID	: P	R21331	3463502	2				
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	Name of Employer (for Individual) Optum Services, Inc	Occu Exec	•	ion (for Individual)		Me	emo	ltem								
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SCHEDULE A (FEC Form 3X)

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	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)									
	Full Name of Individual (Last, First, Middle Initia FALKENBERG, ROBERT C, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East			08 31 2014								
	City	State	Zip Code	Transaction ID : PR2145728435022								
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.82	P/R Deduction (\$38.46 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia MILLER, WAYNE, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East			08 31 2014								
	City	State	Zip Code	Transaction ID : PR2145729235022								
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 2 CInt Relationship	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 340.00	P/R Deduction (\$20.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia RUMMEL, LEAH C, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East			08 31 2014								
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2145729535022 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Govt Affs	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			146.92								

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			Detailed Summary Page		11a		11b	11c	12						
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\backslash	NAME OF COMMITTEE (In Full)														
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Α.	Full Name of Individual (Last, First, Middle Initia SMITH, DANNETTE L, , ,	al) or Full Or	rganization Name	[Date of	Re	eceipt								
	Mailing Address 9900 Bren Road East				^M 08	1	D D 31	/ Y	y y 2014	Y					
	City	State	Zip Code		Trans	act	ion ID : I	PR21457	72993502	2					
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	Primary General Other (specify) ▼		3281.00	P	/R Ded	lucti	on (\$193	3.00 Bi-W	/eekly)						
В.	Full Name of Individual (Last, First, Middle Initia SPARKS, MARGARET W, , ,	al) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				M M 08	/	31	/ Y	y y 2014	Y					
	City	State	Zip Code		Trans	acti	on ID : F	PR21457	3023502	2					
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Actuary		M	emc	ttem								
	Receipt For:	Aggregate	Year-to-Date	P	/R Ded	ucti	on (\$50.(00 Bi-We	ekly)						
	Other (specify)		, 850.00				(,		,,						
C.	Full Name of Individual (Last, First, Middle Initia SPIVACK, DAVID A, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 9900 Bren Road East				08	/	D D 31	L	2014 Y						
	City Minnetonka	State MN	Zip Code 55343-9664				-		36763502	2					
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	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporate	d PAC (l	Unite	d for Health)												
A.	Full Name of Individual (Last, First, Middle Initia GIBSON, CHRISTINE W, , ,	al) or Full O	rganiza	tion Name	[Date of	f Re	ece	eipt							
	Mailing Address 9900 Bren Road East					08 / 31 / 2014 Transaction ID : PR2225166735022										
	City Minnetonka	State MN		o Code 55343-9664									2			
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 1961.46	P	/R Ded	lucti	ion	(\$115	5.38 I	Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia BEAULE, JEAN-FRANCOIS, , ,	al) or Full O	rganiza	tion Name		Date of	f Re	ece	eipt							
	Mailing Address 9900 Bren Road East					м м 08	1		D D D 31	/	Y	2014	Y			
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c.	Full Name of Individual (Last, First, Middle Initia CARRUTH, NANCY SUSAN, , ,	al) or Full O	Irganiza	tion Name	(Date of	f Re	ece	eipt							
	Mailing Address 9900 Bren Road East					08 ^M	Ŀ.	L	^D 31	/	L.,	2014				
	City Minnetonka	State MN	·	0 Code 5343-9664								843502 Period	2			
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	for commercial purposes, other than using the r															
$\overline{)}$	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)													
Α.	Full Name of Individual (Last, First, Middle Initia MCGUIRE, MICHAEL, , ,	al) or Full Or	rganization Name	[Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y Y 08 31 2014											
	City	State	Zip Code	_	Trans	act	ion ID : I	PR22258	81883502	2						
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO		M	emc	tem									
	Receipt For:	Aggregate	Year-to-Date ▼													
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В.	Full Name of Individual (Last, First, Middle Initia RANGEN, ERIC S, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East				M M 08	1	D D 31	/ Y	2014	Y						
	City	State	Zip Code		Trans	acti	ion ID : F	PR22258	1933502	2						
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Accting Off		M	emo	ttem									
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С.	Full Name of Individual (Last, First, Middle Initia RYAN, JOHN D, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt									
	Mailing Address 9900 Bren Road East	- I			08	1	D D 31	/ Y	2014 Y	Y						
	City Minnetonka	State MN	Zip Code 55343-9664				-		31963502	2						
			35345-9004	/	Amount	of	Each Re	eceipt th	is Period							
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) CInt Mgmt Svc		M	emo	o Item									
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SCHEDULE A (FEC Form 3X)

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\rangle	UnitedHealth Group Incorporated	d PAC (I	United for Health)	
Α.	Full Name of Individual (Last, First, Middle Initia SAILOR, ROY THOMAS, , ,	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2225819735022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.84
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1307.64	P/R Deduction (\$76.92 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia CORNE, MICHAEL LEE, , ,	ll) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2231346935022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia DIPALMO, KAREN A, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2231347235022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			241.84
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			Detailed Summary Page					11	b	110		12		
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or f	r information copied from such Reports and S or commercial purposes, other than using the													
\setminus '	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporate	ed PAC (I	Un	ted for Health)										
۱.	Full Name of Individual (Last, First, Middle In RICHEY, DARRELL S, , ,	itial) or Full O	rgar	nization Name	[Date of	Re	cei	pt					
-	Mailing Address 9900 Bren Road East					м м 08	/		31	/	Y	ү ү 2014	Y	
	City	State		Zip Code		Trans	acti	ion	ID :	PR22	3135	5233502	2	
-	Minnetonka	MN		55343-9664	A	mount	of	Ea	ch R	eceipt	this	Period		
	EC ID number of contributing ederal political committee.	С						,		- 4		160.	00	
	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	ion (for Individual) Gen Counsel Mgr		M	emo) Ite	əm					
Ī	Receipt For:	Aggregate			_									
	Primary General Other (specify) ▼		100	1360.00	P	'R Ded	uctio	on	(\$80.	00 Bi-	Wee	ekly)		
	Full Name of Individual (Last, First, Middle In CONNLY, MICHAEL R, , ,	itial) or Full O	rgar	nization Name		Date of	Re	cei	pt					
I	Mailing Address 9900 Bren Road East					м м 08	1	ľ	31	/	Y	y y 2014	Y	
(City	State		Zip Code		Trans	acti	on	ID :	PR224	1762	583502	2	
-	Minnetonka	MN		55343-9664	A							Period		
	FEC ID number of contributing ederal political committee.	С				_		,				200.	00	
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) ech Off		M	emo) Ite	əm					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1700.00	P/	P/R Deduction (\$100.00 Bi-Weekly)								
).	Full Name of Individual (Last, First, Middle In CARCIONE, JOSEPH R, , ,	itial) or Full O	rgar	nization Name		Date of	Re	cei	pt					
I	Mailing Address 9900 Bren Road East					^M 08	/	Γ	31	/	Y	2014	Y	
(City	State		Zip Code		Trans	acti	ion	ID :	PR22	4762	2683502	2	
-	Minnetonka	MN		55343-9664	A	mount	of	Ea	ch R	eceipt	this	Period		
	EC ID number of contributing ederal political committee.	С						y		,		115.	40	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Med		Memo Item										
	Receipt For:		_											
	Primary General	Aggregate					(****	70 D .		-11-3				
	Other (specify)		-	980.90		R Ded	lucti	on	(\$57.	70 BI-	vvee	экіу)		

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			Detaile	ed Summary Page		13		14		15	16	17	
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be ddress of	sold or used by any p any political committee	erson f e to so	for the licit cor	purp ntrib	pos outio	e of sons fro	oliciting m such	contribu	tions tee.	
\backslash	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporat	ed PAC (l	United	for Health)									
A.	Full Name of Individual (Last, First, Middle In KANTOLA, KEVIN DAVID, , ,	itial) or Full O	rganizatio	n Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					08 ^M	/		31	/ Y	y y 2014	Y	
	City	State	Zip (Trans	acti	ion	ID : P	R22476	62703502	22	
	Minnetonka	MN	553	343-9664	/	Amount	t of	Ead	ch Ree	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						-		-	78.	00	
	Name of Employer (for Individual) Optum Services, Inc	Occi VP I	•	or Individual)		Me	emo) Ite	əm				
	Receipt For:	Aggregate	Year-to-D	ate 🔻									
	Primary General Other (specify) ▼			663.00] P	P/R Ded	luctio	ion ((\$39.0	0 Bi-We	eekly)		
В.	Full Name of Individual (Last, First, Middle In O'BRIEN, DENNIS P, , ,	itial) or Full O	rganizatio	n Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					м м 08	1	D	31	/ Y	2014	Y	
	City	State	Zip (Code		Trans	acti	ion	ID : P	R22476	62733502	2	
	Minnetonka	MN	553	43-9664		Amount	tof	Ead	ch Ree	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						-		-7-	192.	30	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (f on Pres	or Individual)		Me	emo	b Ite	em				
	Receipt For:	Aggregate	Year-to-D	ate 🔻									
	Primary General Other (specify) ▼		4] P	P/R Deduction (\$96.15 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle In VERNEY, JEFFERY RICHARD, , ,	itial) or Full O	rganizatio	n Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 08	/		31	/ Y	2014 Y	Ŷ	
	City	State	Zip (Trans	acti	ion	ID : P	R2247	62743502	22	
	Minnetonka	MN	553	43-9664		Amount	of	Ead	ch Red	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						y	_	y	115.	40	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (fo Gen Mgmt	or Individual)		M	emo	o Ite	əm				
	Receipt For:	Aggregate											
	Primary General Other (specify)			980.90] F	P/R Ded	lucti	ion	(\$57.7	0 Bi-W	eekly)		
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ITEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (Unit	ted for Health)	
Full Name of Individual (Last, First, Mide A. GARODIA, SANJAY, , ,	dle Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	08 31 2014 Transaction ID : PR2247627835022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) Optum Services, Inc	Occupatio COO	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 538.44	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mide OHMAN, DANIEL L, , ,	dle Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2247628035022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc	Occupation Regn CE	on (for Individual) EO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 1634.55	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Mide C. CRUMBAUGH, JEFFREY J, , ,	dle Initial) or Full Organi	zation Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2259635235022
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc	Occupatio M R SIs I	on (for Individual) Dir	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)	•••••	297.22
TOTAL This Period (last page this line nu	mber only)	•	

SCHEDULE A (FEC Form 3X)

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Any information copied from such Report or for commercial purposes, other than u NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	s and Statements ma sing the name and ad	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	s and Statements ma sing the name and ad	v not be sold or used by any r	
or for commercial purposes, other than u	sing the name and a		paraon for the nurnees of coliciting contributions
		ddress of any political committe	be to solicit contributions from such committee.
/ UnitedHealth Group Incor			
	porated PAC (L	Jnited for Health)	
Full Name of Individual (Last, First, Mi	ddle Initial) or Full Or	rganization Name	
A. PRINCE, JOHN M, , ,			Date of Receipt
Mailing Address 9900 Bren Road East			M M / D D / Y
City	State MN	Zip Code	Transaction ID : PR2259738435022
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		194.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Optum Services, Inc	Optu	im Exec	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General	1.99.094.0		P/R Deduction (\$97.00 Bi-Weekly)
Other (specify) ▼		1649.00	
Full Name of Individual (Last, First, Mi B. CRONN, CHRISTOPHER L, , ,	ddle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City	State	Zip Code	Transaction ID : PR2270522935022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual)		upation (for Individual) t Affs Dir	Memo Item
United HealthCare Services Inc Receipt For:			
Primary General	Aggregate	Year-to-Date V	_
Other (specify) v		653.82	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Mi C. CURRY, CAROLE D, , ,	ddle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			
			08 31 2014
City	State	Zip Code	Transaction ID : PR2402315735022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
United HealthCare Services Inc		roj Mgr II	
Receipt For:	I	Year-to-Date ▼	
Primary General	1.99.094.0		P/R Deduction (\$14.00 Bi-Weekly)
Other (specify)		238.00	
SUBTOTAL of Receipts This Page (optic			298.92
TOTAL This Period (last page this line r			

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (United for Health)										
Full Name of Individual (Last, First, Midd FRASCINO, MJ, , , Mailing Address acces D = D = 15 + 15	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East	State	Zip Code	08 31 2014 Transaction ID : PR2402316535022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd KEPLEY CARRIER, ANGELA DAV		rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402317735022 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd LEVI-BAUMGARTEN, MARILYN		rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402317935022 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)		108.00									
TOTAL This Period (last page this line nur	nber only)	•										

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
$\overline{)}$	NAME OF COMMITTEE (In Full)			
\rangle	UnitedHealth Group Incorporated	d PAC (l	United for Health)	
Α.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402318235022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		234.20
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1446.00	P/R Deduction (\$117.10 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia MCCAULEY, MARIA, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402318435022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 320,00	P/R Deduction (\$20.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia MCGRATH, STACY S, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402318535022 Amount of Each Receipt this Period
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	284.20
т	OTAL This Period (last page this line number or	ıly)	• • • • •	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CRANLEY, SHELLEY WIKE, Mailing Address 9900 Bren Road East City Minetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Primary General Other (specify) FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ANLKER, JAY M, . , Mailing Address 9900 Bren Road East City Mare of Employer (for Individual) Other (specify) FC ID number of contributing federal political committee. Primary General Other (specify) Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi-Weekly) Transaction ID: PR2402445035022 Mailing Address 9900 Bren Road East C Mailing Address 9900 Bren Road East Ø/ City Maling Address 9900 Bren Road East					of Calegory of the		11a		11	lb 🗌	11c	12			
ar 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. CRANLEY, SYELLEY WIKE, Mailing Address 9900 Bren Road East City Minnetonka Receipt for: Primary General Primary General City Minnetonka Receipt for: Primary Aggregate Year-to-Date Primary Aggregate Year-to-Date Primary Aggregate Year-to-Date Primary Primar				Detalle	a Summary Fage		-		-		-		17		
UnitedHealth Group Incorporated PAC (United for Health) A. CRANLEY, SHELLEY WIKE, Mailing Address good Bren Road East City Minnetonka Min Pecipi Tedral political committee Date of Receipt Name of Employer (for Individual) Occupation (for Individual) UnitedHealth-Care Services Inc Dir Regl Affs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State B. ANLIKER, JAY M., Minetonka B. ANLIKER, JAY M., Mailing Address good Bren Road East City State Zip Code Mailing Address good Bren Road East Occupation (for Individual) Date of Receipt Pill Name of Individual (Last, First, Middle Initia) or Full Organization Name Date of Receipt ANLIKER, JAY M., Mailing Address good Bren Road East City Mailing Address good Bren Road East City State Zip Code Mailing Address good Bren Road East City State Zip Code Mailing Address good Bren Road East City State Zip Code Maina of employer (for Individual) Ccupation (for Ind	or	for commercial purposes, other than using the													
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. CRANLEY, SHELLEY WIKE, Maling Address 9900 Bren Road East 08 31 2014 City Minnetonka MN Zip Code 31 2014 FEC ID number of contributing tederal political committee. C 55343-9664 Monunt of Each Receipt His Period Name of Employer (for Individual) Occupation (for Individual) Or Individual) P/R Deduction (\$25.00 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Image: Annume of Employer (for Individual) Date of Receipt Image: Annume of Employer (for Individual) United HealthCare Services Inc C Maling Address 9900 Bren Road East 2014 City Maling Address 9900 Bren Road East C Moneton Image: Annume of Employer (for Individual) C United HealthCare Services Inc C Maling Address 9900 Bren Road East 2014 Tanasaction ID: PR2402445053022 Minetonka Minetonka Minetonka Minetonka 340_00 P/R Deduction (\$20.00 Bi-Weekly) <t< td=""><td>\backslash</td><td>NAME OF COMMITTEE (In Full)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	\backslash	NAME OF COMMITTEE (In Full)													
A. CANLEY, SHELLEY WIKE, , , Mailing Address: 9900 Bren Road East 0 City State Zip Code Minnetonka MN State Zip Code FEC ID number of contributing federal political committee. C Account of Each Receipt Ibit Period Name of Employer (for Individual) Dir Regl Affs Account of Each Receipt Ibit Period Receipt For: Primary General Occupation (for Individual) P/R Deduction (\$25:00 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt B. ANLIKER, JAY M, , , Mailing Address 9900 Bren Road East 0 31 2014 City Mailing Address 9900 Bren Road East C Aggregate Year-to-Date ▼ Primary Date of Receipt Mailing Address 9900 Bren Road East C C Acgregate Year-to-Date ▼ Primary Date of Receipt Ibit Period Minetonka MN State Zip Code Amount of Each Receipt Ibit Period 40.00 Mailing Address 9900 Bren Road East C C Primary General Primary Primary General Primary <	$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (I	United	for Health)										
City 08 31 2014 Minnetonka Min 55343-9664 Amount of Each Racoipt this Peniod FEC LD number of contributing federal political committee. C S0.00 Name of Employer (for Individual) Occupation (for Individual) Memo ftem United HealthCare Services Inc Occupation (for Individual) PR Deduction (\$25.00 Bi-Weekly) Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. ANLIKER, JAY M. , , , Maling Address 9300 Bren Road East C City State Z016 Transaction ID : PR240244303522 Amount of Each Receipt for: Aggregate Year-to-Date ▼ PR Deduction (\$25.00 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Amount of Each Receipt for: Aggregate Year-to-Date ▼ Transaction ID : PR2402445035022 Mained Address 9300 Bren Road East Occupation (for Individual) PR Deduction (\$20.00 Bi-Weekly) United HealthCare Services Inc C Aggregate Year-to-Date ▼ PR Deduction (\$20.00 Bi-Weekly) C EECKER, JAMES H, Maling Address 9900 Bren Road East Occupation (for Individual) Other (specify) ▼	Α.	CRANLEY, SHELLEY WIKE, , ,	itial) or Full O	rganizatio	n Name	[Date of	f Re	ecei	ipt					
Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. C State State Mailing Address 9900 Bren Road East C Occupation (for Individual) Dir Regi Alfs Date of Receipt FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt City Minetonka MN 55343-9664 FEC ID number of contributing federal political committee. Occupation (for Individual) CEO TPA Manuet of Each Receipt this Period Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO TPA Manuet of Each Receipt this Period Receipt For: Primary General Occupation (for Individual) CEO TPA Mare of Individual (Last, First, Middle Initial) or Full Organization Name C. Becker, JAMES H, , , Mailing Address 9900 Bren Road East Occupation (for Individual) CEO TPA Date of Receipt Mailing Address 9900 Bren Road East C 31 / 2014 Transaction ID : PR2402445135022 Minnetonka MN 55343-9664 Primary Date of Receipt City Mare of Individual (Last, First, Middle Initial) or Full Organization Name C Date of Receipt City								/			/ Y		Ŷ		
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	Primary General Other (specify) ▼			1020.00	P	/R Ded	ucti	on (\$60	.00 E	Bi-Wee	⊧kly)	
в.	Full Name of Individual (Last, First, Middle Initi NESS, LAURA L, , ,	al) or Full O	rganiza	tion Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 08	/	31) /	Y	y y 2014	Y
	City	State	Zij	o Code		Trans	acti	on ID :	PR2	43712	153502	2
	Minnetonka	MN	5	5343-9664	ŀ						Period	
	FEC ID number of contributing federal political committee.	С						-y		-	78.	00
	Name of Employer (for Individual) Optum Services, Inc		upation Gen Mo	(for Individual) gmt		Me	emo	Item				
	Receipt For:	Aggregate	Year-to	-Date 🔻								
	Primary General Other (specify) ▼		, .	, 663.00	P	/R Ded	uctio	on (\$39	.00 E	Bi-Wee	kly)	
с.	Full Name of Individual (Last, First, Middle Initi COSGRIFF, JOHN W, , ,	al) or Full O	rganiza	tion Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					M M 08	/	31		Y	2014 Y	Y
	City	State		Code		Trans	acti	ion ID :	PR2	243712	2163502	22
	Minnetonka	MN	5	5343-9664	A	Amount	of	Each F	lecei	pt this	Period	
	FEC ID number of contributing federal political committee.	С						,		,	398.	40
	Name of Employer (for Individual) United HealthCare Services Inc		upation of Sta	(for Individual) ff		Me	emo	ttem				
	Receipt For:	Aggregate	Year-to	-Date 🔻								
	Primary General Other (specify)			3207.20] P	/R Ded	ucti	on (\$19	9.20	Bi-We	∍ekly)	
s	UBTOTAL of Receipts This Page (optional)							, .		,	596.	40
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
/	UnitedHealth Group Incorporate	d PAC (l	Unite	ed for Health)								
Α.	Full Name of Individual (Last, First, Middle Initia RAINEY, PETER W, , ,	al) or Full Oi	rganiz	ation Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 08	1	D 31		/ Y	ү ү 2014	Y
	City	State	Z	ip Code		Trans	act	ion ID	: Pl	R24371	2753502	2
	Minnetonka	MN		55343-9664	A	Amount	t of	Each	Rec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				_				-9	230.	
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Financ	n (for Individual) æ		M	emc	Item				
	Receipt For:	Aggregate	Year-t	o-Date 🔻								
	Primary General Other (specify) ▼			1955.00	P	/R Ded	lucti	on (\$1	15.0	00 Bi-W	eekly)	
В.	Full Name of Individual (Last, First, Middle Initia LIPPERT, ROBIN E, , ,	al) or Full Oi	rganiz	ation Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 08	/	31		/ Y	y y 2014	Y
	City	State	Z	ip Code		Trans	acti	on ID	: PF	R24399	2803502	2
	Minnetonka	MN		55343-9664	/	Amount	t of	Each	Rec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С								-	384.	62
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) al Affs		M	emc	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 3269.27	P/	′R Ded	ucti	on (\$19	92.3	31 Bi-W	eekly)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia HEYMAN, STEPHEN M, , ,	al) or Full Oi	rganiz	ation Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					^M 08	/	D 31		/ Y	2014	Y
	City	State		ip Code		Trans	act	ion ID	: P	R24442	6573502	2
	Minnetonka	MN		55343-9664	A	Amount	t of	Each	Rec	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	С						,		9	200.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Govt A	n (for Individual) ffs		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 1700.00	P	/R Ded	lucti	on (\$1	00.0	00 Bi-W	(eekly)	
	UBTOTAL of Receipts This Page (optional)			-		-	-	y	-	5	814.	62

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				r each category of the		11a		11	b	11c	12	
				etailed Summary Page		13		14		15	16	17
or	y information copied from such Reports and S for commercial purposes, other than using the	ay no addres	t be sold or used by any post s of any political committee	erson t to so	for the licit cor	purp ntrib	pos outic	se of s ons fro	oliciting	ו contribu ר commi	itions tee.	
\backslash	NAME OF COMMITTEE (In Full)											
/	UnitedHealth Group Incorporate	ed PAC (l	Unit	ed for Health)								
Α.	Full Name of Individual (Last, First, Middle Ini LANGER, DONALD S, , ,	tial) or Full O	Organi	zation Name		Date of	Re	ecei	ipt			
	Mailing Address 9900 Bren Road East					м м 08	/	ľ	^р 31	/ Y	2014	Y
	City	State	2	Zip Code		Trans	acti	ion	ID : P	R24450	0154350	22
	Minnetonka	MN		55343-9664		Amount	of	Ea	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С						-,		-9-	40	.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation N Pres	on (for Individual)		M	emo	o Ite	em			
	Receipt For:	Aggregate	Year-	to-Date 🔻								
	Primary General Other (specify) ▼		- J -	340.00	F	P/R Ded	uctio	ion	(\$20.0	0 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Ini LIND, NANCY A, , ,	tial) or Full O	Irgani	zation Name		Date of	Re	ecei	ipt			
	Mailing Address 9900 Bren Road East					08	1		31	/ Y	2014	Y
	City	State	2	Zip Code		Trans	acti	ion	ID : P	R24450	01623502	22
	Minnetonka	MN		55343-9664		Amount	of	Ea	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С						-		-7	28	.00
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Gen I	on (for Individual) Agmt		M	emo	o Ite	em			
	Receipt For:	Aggregate	Year-	to-Date 🔻								
	Primary General Other (specify) ▼		,	238.00	P	/R Ded	uctio	on ((\$14.0	0 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Ini ADLINGTON SHKABERIN, AMY R,		Organi	zation Name		Date of	Re	ecei	ipt			
	Mailing Address 9900 Bren Road East					^M 08	/	L	31		2014 Y	_
	City	State		Zip Code		Trans	acti	ion	ID : P	R2445	0164350	22
	Minnetonka	MN		55343-9664	- '	Amount	of	Ea	ch Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С						9		y	192	.30
	Name of Employer (for Individual) Optum Services, Inc		•	n (for Individual) n Capital		M	emo	o Ite	em			
	Receipt For:	1		-	-							
	Primary General	Aggregate	ieaí-				luo ^{4:}	ion	(\$06.4	5 DI M	ookhy	
	Other (specify)	L		1634.55		P/R Ded	uCti	iun	(490.1	о ВІ- VV	зекіу)	
s	UBTOTAL of Receipts This Page (optional)			•	.			,		9	260	.30
т	OTAL This Period (last page this line number	only)		•						-		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
	2	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In	Full)		
│ UnitedHealth Group	p Incorporated PAC (United for Health)	
Full Name of Individual (Las A. HIRSH, LILLI ANN, , ,	t, First, Middle Initial) or Full O	Prganization Name	Date of Receipt
Mailing Address 9900 Bren	Road East		M = M / D = D / Y = Y = Y = Y
City	State	Zip Code	08 31 2014 Transaction ID : PR2445016735022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ing C		28.00
Name of Employer (for Indiv	vidual) Occ	upation (for Individual)	Memo Item
United HealthCare Services I	Inc Hun	nan Capital Partner Mgr	_
Receipt For:		Year-to-Date ▼	
Other (specify) ▼	eral	238.00	P/R Deduction (\$14.00 Bi-Weekly)
			1
Full Name of Individual (Las B. DUHAIME, MARK J, , ,	st, First, Middle Initial) or Full O	Organization Name	Date of Receipt
Mailing Address 9900 Bren F	Road East		M M / D D / Y Y Y Y
City	01-1-	Zin Code	08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2445016935022 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ing C		192.30
Name of Employer (for Indiv Optum Services, Inc	,	upation (for Individual) Info Tech	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary Gene Other (specify) ▼	eral	1634.55	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Las C. SIEGEL, DAVID B, , ,	st, First, Middle Initial) or Full O	organization Name	Date of Receipt
Mailing Address 9900 Bren	Road East		08 / D D / Y Y Y Y Y 08 31 2014
City	State	Zip Code	Transaction ID : PR2445017135022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	C		91.26
Name of Employer (for Indiv United HealthCare Services	,	upation (for Individual) I Dir	Memo Item
Receipt For:		Year-to-Date ▼	
Other (specify)	eral	775.71	P/R Deduction (\$45.63 Bi-Weekly)
SUBTOTAL of Receipts This	Page (optional)		311.56
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				Detailed Summary Page		11a		11	1b	11c		12				
A	information panied from such Departs					13		14		15		16	17			
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\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	ed PAC (I	Un	ited for Health)												
Α.	Full Name of Individual (Last, First, Middle Init LIVERANI, EILEEN J, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 9900 Bren Road East					м м 08	/	E	D D 31	/ Y	ү 2	ү 014	Y			
	City Minnetonka	State MN		Zip Code 55343-9664						PR2460			2			
	FEC ID number of contributing federal political committee.	С	Ì		Amount of Each Receipt this Period											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Service	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 470.90] P	/R Ded	ucti	ion	(\$27.7	70 Bi-W	eekl	у)				
	Full Name of Individual (Last, First, Middle Init KRAJNOVICH, DANIEL, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 9900 Bren Road East					M M 08	/	Γ	D D 31	/ Y)14	Y			
	City Minnetonka	State MN		Zip Code 55343-9664		Transaction ID : PR2460167335022 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				_		-		-		40.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) In CEO		Me	emo	o It	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 340.00	P/	'R Ded	uctio	on	(\$20.0)0 Bi-W	eekl	y)				
с.	Full Name of Individual (Last, First, Middle Init THIELEN, JUNE, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 9900 Bren Road East			-		M M 08	/	l	^D 31	/ Y)14)14	Y			
	City Minnetonka	State MN		Zip Code 55343-9664						PR2460			2			
	FEC ID number of contributing federal political committee.	С						y		,		27.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) man Capital		M	ema	o It	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 234.60	P	/R Ded	ucti	ion	ı (\$13.	30 Bi-W	/eekl	y)				
s	UBTOTAL of Receipts This Page (optional)							9		9		123.0	0			
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	Use separate schedule(s)											
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	rated PAC (United for Health)										
Full Name of Individual (Last, First, Middl A. RENFRO, LARRY C, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2460168135022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Optum Services, Inc		P UHG CEO Optum	-									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify) v		3269.10										
Full Name of Individual (Last, First, Middl B. ORBUCH, DAVID B, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2460168235022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item									
Receipt For:	Agaregate	Year-to-Date ▼										
Primary General Other (specify) ▼		1634.55	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. WEXLER, ERIC J, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2463723135022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		64.00									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Bus	Segment Gen Counsel										
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		544.00	P/R Deduction (\$32.00 Bi-Weekly)									
Other (specify)			1									
SUBTOTAL of Receipts This Page (optiona	l)		640.90									
TOTAL This Period (last page this line num	ber only)											

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				etailed Summary Page		11a		11b		11c	12				
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or	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
[UnitedHealth Group Incorporate	ed PAC (I	Unit	ed for Health)											
Α.	Full Name of Individual (Last, First, Middle Init WALKOWSKI, KAREN L, , ,	itial) or Full O	Drgani:	zation Name	(Date of	f Re	ceipt							
	Mailing Address 9900 Bren Road East					08	1	D 31		/ Y	ү ү 2014	Y			
	City Minnetonka	State MN	Z	Zip Code 55343-9664							2343502	2			
				JJJ+J-JUU4	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С								-g=-	40.				
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Process		M	emc	o Item							
	Receipt For:	Aggregate	Year-	to-Date V											
	Primary General Other (specify) ▼		-7-	340.00] P	/R Ded	lucti	ion (\$20	0.00	Bi-We	∋kly)				
	Full Name of Individual (Last, First, Middle Init SCHICK, SUE, , ,	itial) or Full O)rganiz	zation Name		Date of	f Re	eipt							
	Mailing Address 9900 Bren Road East					08		D 31		/ Y	y y 2014	Y			
	City	State	Ż	Zip Code		Trans	acti	ion ID :	: PR	248062	2053502	2			
	Minnetonka	MN		55343-9664	/	Amount	t of	Each I	Rece	ipt this	Period				
	FEC ID number of contributing federal political committee.	С					_	7		-	390.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) owth Off		M	emc	o Item							
	Receipt For:	Aggregate	Year-	to-Date V											
	Primary General Other (specify) ▼		4	3105.00] P.	/R Ded	lucti	on (\$19	95.00) Bi-W€	ekly)				
С.	Full Name of Individual (Last, First, Middle Init ABBOTT, CHRISTOPHER MARK, ,	itial) or Full O	Drganiz	zation Name		Date of	f Re	ceipt							
	Mailing Address 9900 Bren Road East	1				M M 08] ′	31		/ Y	2014 Y	Y			
	City	State MN	Z	Zip Code							4153502	2			
	Minnetonka			55343-9664	/	Amount	t of	Each I	Rece	pipt this	Period				
	FEC ID number of contributing federal political committee.	С	_					,	_	,	28.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upatio n Exe	on (for Individual) ec		М	emc	o Item							
	Receipt For:	Aggregate	Year-	to-Date V											
	Primary General Other (specify)		-gr.	238.00] P	V/R Dec	lucti	ion (\$14	4.00	Bi-We	əkly)				
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				Detailed Summary Page		11a 13	\vdash	11b		11c	12	47
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose				
	NAME OF COMMITTEE (In Full)		aur						5 110	5001		
\rangle	UnitedHealth Group Incorporate	d PAC (l	Un	ited for Health)								
Α.	Full Name of Individual (Last, First, Middle Initi HECKMAN, LILLIAN R, , ,	al) or Full O	rga	nization Name		Date of	f Re	eceipt				
	Mailing Address 9900 Bren Road East					^M 08	1		31	/ Y	ү ү 2014	Y
	City Minnetonka	State MN		Zip Code 55343-9664	_						54213502 is Period	
	FEC ID number of contributing federal political committee.	С						- 7 -		- J -		.00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		M	emo	b Iten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 510.00	I F	P/R Ded	lucti	ion (\$	30.0	0 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initi PHILLIPS, MARK A, , ,	al) or Full O	rga	nization Name		Date of	f Re	eceipt				
	Mailing Address 9900 Bren Road East					^M 08	/		31	/ Y	2014	Y
	City Minnetonka	State MN		Zip Code 55343-9664							4263502 is Period	
	FEC ID number of contributing federal political committee.	С						Ţ			192	.30
	Name of Employer (for Individual) United HealthCare Services Inc	Occi SVF	•	tion (for Individual) s		M	emo	b Iten	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 1634.55	F	9/R Ded	ucti	on (\$	96.1	5 Bi-We	ekly)	
С.	Full Name of Individual (Last, First, Middle Initi KUBICKI, JERI G, , ,	al) or Full O	rga	nization Name		Date of	f Re	eceipt	:			
	Mailing Address 9900 Bren Road East					^M 08	/		31	/ Y	2014 Y	Y
	City Minnetonka	State MN		Zip Code 55343-9664				-			6978350 is Period	
	FEC ID number of contributing federal political committee.	С						y		y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs		M	emo	o Iten	n			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 3269.10]	P/R Dec	lucti	ion (\$	5192.	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)				• -			9		9	636	.90
т	OTAL This Period (last page this line number of	only)			•	L						

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Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information conied from such Donorte a	nd Statemente m	av not be sold or used by any r	13 14 15 16 17 berson for the purpose of soliciting contributions
or for commercial purposes, other than usin	g the name and a	ddress of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	rated PAC (Jnited for Health)	
Full Name of Individual (Last, First, Midd	le Initial) or Full O	rganization Name	
A. MANDERFELD, THOMAS B, , ,			Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City	State	Zip Code	Transaction ID : PR2486697935022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
·			
Name of Employer (for Individual)		upation (for Individual)	Memo Item
United HealthCare Services Inc	VP	Gen Mgmt	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) V		680.00	P/R Deduction (\$40.00 Bi-Weekly)
		-	
Full Name of Individual (Last, First, Midd B. MCMAHON, DIRK C, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City	State	Zip Code	Transaction ID : PR2491457035022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			P/R Deduction (\$100.00 Bi-Weekly)
Other (specify) ▼		, 1700.00	
Full Name of Individual (Last, First, Middl C. NATHAN, DONALD H, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			M = M / D = D / Y = Y = Y
			08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2491457335022
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		588.22
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Comm Off	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2352.88	P/R Deduction (\$294.11 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		868.22
TOTAL This Period (last page this line nun	nber only)		

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		Detailed Summary Page		-		11b	11c	12											
Any information copied from such Reports																			
or for commercial purposes, other than usi	ng the name and a	uuress or any political committe	ee to soli	ICIT COT	ıtrib	outions fr	om such	ı committ	ee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (I	United for Health)																	
Full Name of Individual (Last, First, Mide SULLIVAN, KATHRYN M, , ,	dle Initial) or Full O	rganization Name	D	Date of Receipt															
Mailing Address 9900 Bren Road East			_ [08 / D D / Y Y Y Y Y 2014															
City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR2491457535022 Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С		194.00																
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO		Me	emo	tem													
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V							P/R Deduction (\$97.00 Bi-Weekly)											
Full Name of Individual (Last, First, Mide TOOMB, MARTIN C, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt													
Mailing Address 9900 Bren Road East				M M 08	/	D D 31	/ Y	y y 2014	Y										
City Minnetonka	State MN	Zip Code 55343-9664						4153502 is Period	2										
FEC ID number of contributing federal political committee.	С					л. I.	F	30.	00										
Name of Employer (for Individual) Optum Services, Inc	Occi VP	upation (for Individual) IT		Me	emo	tem													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/I	R Dedi	uctio	on (\$15.0	00 Bi-We	eekly)											
Full Name of Individual (Last, First, Mide SMITH, KARA V, , ,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt													
Mailing Address 9900 Bren Road East				08 ^M	1	D D D 31		ү ү 2014											
City Minnetonka	State MN	Zip Code 55343-9664	A					1 7533502 is Period											
FEC ID number of contributing federal political committee.	С				_	5		384.	60										
Name of Employer (for Individual) United HealthCare Services Inc	Dir C	upation (for Individual) Govt Affs		Me	emc	ttem													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3269.10] P/	′R Ded	lucti	ion (\$192	2.30 Bi-W	Veekly)											
SUBTOTAL of Receipts This Page (option	1al)		▶ [-			608.	60										
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/ UnitedHealth Gro	oup Incorporate	d PAC (I	United for	Health)								
Full Name of Individual (I AEDWARDS, HYLLIUS	R, , ,	al) or Full O	organization N	ame	C	ate of	Re	ceipt				
Mailing Address 9900 Bre	en Road East					м м 08	1		а 31	/ Y	2014	Y
City		State MN	Zip Code			Trans	acti	on II) : P	R25413	80043502	2
Minnetonka		IVIIN	55343-	9004	A	mount	of	Each	Re	ceipt th	is Period	
FEC ID number of contrib federal political committee	0	С						7			100.	00
Name of Employer (for In United HealthCare Service	,		upation (for Ir ernal Affs Dir	ndividual)		Me	emo	Item	ı			
Receipt For:		Aggregate	Year-to-Date	▼								
Primary G Other (specify) ▼	eneral			850.00	P/	'R Ded	uctio	on (\$	50.0	0 Bi-We	ekly)	
Full Name of Individual (I B. PURDY, PATRICIA A		al) or Full O	rganization N	ame		ate of	Re	ceipt				
Mailing Address 9900 Bre	n Road East					м м 08	1		D 31	/ Y	y y 2014	Y
City		State	Zip Code	e		Transa	acti	on IC) : P	R25413	0063502	2
Minnetonka		MN	55343-9	9664	A	mount	of	Each	n Re	ceipt th	is Period	
FEC ID number of contrib federal political committee	0	С				_		,		-9	196.	30
Name of Employer (for Ir United HealthCare Service	,		upation (for Ir Govt Affs	ndividual)		Me	emo	Item	ı			
Receipt For:		Aggregate	Year-to-Date	▼								
Primary G Other (specify) ▼	eneral		4 4	1616.55	P/	R Ded	uctio	on (\$	98.1	5 Bi-We	ekly)	
Full Name of Individual (I C. TIERNEY, JOELLE		al) or Full O	rganization N	ame		Date of	Re	ceipt				
Mailing Address 9900 Bre	en Road East					^M 08	/		31 ^D	/ Y	2014	Y
City		State	Zip Code			Trans	acti	ion II	D : P	R25413	80073502	2
Minnetonka		MN	55343-9	1004	A	mount	of	Each	Re	ceipt th	is Period	
FEC ID number of contrib federal political committee	0	С				_		y		y	76.	88
Name of Employer (for In United HealthCare Service	,		upation (for Ir Govt Affs	dividual)		Me	emo	Iten	n			
Receipt For:		Aggregate	Year-to-Date	▼								
Other (specify)	eneral		4	629.04	P/	'R Ded	ucti	on (\$	38.4	4 Bi-We	eekly)	
SUBTOTAL of Receipts Th	is Page (optional)							,		9	373.	18
TOTAL This Period (last pa	ge this line number o	nly)			Ī			,		-		

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	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
۸n	v information conied from such Reports and St	atomonte ma	av not be sold or used by any r	13 14 15 16 17 person for the purpose of soliciting contributions
	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporate	d PAC (I	United for Health)	
Α.	Full Name of Individual (Last, First, Middle Initi VERSAGGI, JOHN, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 08 31 2014
	City	State	Zip Code	Transaction ID : PR2541300835022
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.32
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		1634.72	P/R Deduction (\$96.16 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initi HOSTETLER, BRENDAN, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City	State	Zip Code	Transaction ID : PR2542541935022
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) vt Affs Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510,00	P/R Deduction (\$30.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initi RAMSAY, RICHARD E, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014
	City	State	Zip Code	Transaction ID : PR2542542235022
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	P/R Deduction (\$50.00 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			352.32

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 73 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page							
			13 14 15 16 17 person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Inc	orporated PAC (I	United for Health)							
Full Name of Individual (Last, First A. SPENCER, IPYANA, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road E			08 / D D / Y Y Y Y 2014						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542542335022 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		60.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Bi-Weekly)						
Full Name of Individual (Last, First, B. YAU, ANNE, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road E	ast		08 31 / Y Y Y Y 08 31 2014						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2543582535022 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)						
Full Name of Individual (Last, First, C. COMBS, CHANTA G, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road E			08 / D D / Y Y Y Y 2014						
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552313535022 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4653.82	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (ptional)		166.92						
TOTAL This Period (last page this lin	e number only)								

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I EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
		Detailed Summary Page	13 14 15 16 17								
or for commercial purposes, other than using t			berson for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpora	ated PAC (l	Jnited for Health)									
Full Name of Individual (Last, First, Middle PACE, JEANNE M, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014								
City	State	Zip Code	Transaction ID : PR2552313735022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Sr Acct Exe	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		663.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I ALTER, JEFFREY D, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 31 2014								
City	State	Zip Code	Transaction ID : PR2552960235022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		307.70								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date V	P/R Deduction (\$153.85 Bi-Weekly)								
Other (specify) V		2615.45									
Full Name of Individual (Last, First, Middle I BROOKS, KEVIN, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014								
City	State MN	Zip Code	Transaction ID : PR2552961035022								
Minnetonka		55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) Optum Services, Inc	Occu Dir N	ipation (for Individual) Ikto	Memo Item								
Receipt For:		Year-to-Date V									
Primary General	Ayyreyale		P/P Doduction (\$14.00 Pi Mookhu)								
Other (specify)		238.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)		· · · ·	413.70								

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)									
Full Name of Individual (Last, First, Mic BRUNELL, MARK A, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552961235022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mic B. BRYANT, JEREMY VAUGHN, , ,	Date of Receipt										
Mailing Address 9900 Bren Road East			08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552961335022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		70.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 595.00	P/R Deduction (\$35.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mic C. EHLMAN, MICHAEL A, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552962235022 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Apps Dev	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	nal)		126.00								
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y information copied from such Repor for commercial purposes, other than to NAME OF COMMITTEE (In Full) UnitedHealth Group Incor Full Name of Individual (Last, First, M FLANNERY, SCOTT F, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, M GWINN, WILLIAM W, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) Other (specify) ▼ Full Name of Individual (Last, First, M GWINN, WILLIAM W, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Detailed Summary Page					14		15	16	17						
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NAME OF COMMITTEE (In Full)																
UnitedHealth Group Incor	porated PAC (Jnited for Health)														
	,	rganization Name		Date of Receipt												
Mailing Address 9900 Bren Road East	t			08 ^M	/	D	31	/ Y	2014	Y						
2	State	Zip Code		Trans	acti	ion I	ID : P	R25529	96233502	2						
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Full Name of Individual (Last, First, M 3. GWINN, WILLIAM W, , ,	liddle Initial) or Full O	e Initial) or Full Organization Name						Date of Receipt								
Mailing Address 9900 Bren Road East				м м 08	/	D	31	/ Y	y y 2014	Y						
City	State	Zip Code		Trans	acti	ion I	ID : PI	R25529	96263502	2						
Minnetonka	MN	55343-9664	/	Amount	of	Eac	h Rec	ceipt th	nis Period							
5	C			28.08												
		upation (for Individual) Proj Rsch Mgmt		Memo Item												
Primary General	Aggregate	Aggregate Year-to-Date ▼ 238.68					P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, M HANNAN, CLAIRE L, , ,	liddle Initial) or Full O	rganization Name		Date of	Re	eceip	ot									
Mailing Address 9900 Bren Road Eas	t			08 ^M	/	D	31	/ Y	2014 Y	Y						
	State	Zip Code		Trans	act	ion I	ID : P	R2552	96273502	2						
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Other (specify)		663.00					P/R Deduction (\$39.00 Bi-Weekly)									
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NAME OF COMMITTEE (I	n Full)												
/ UnitedHealth Grou	up Incorporated PA	C (Un	ited for Health)										
HERMEL, OREN J, , ,	ast, First, Middle Initial) or Fi	ull Orga	nization Name	C	Date of	Re	ceipt						
Mailing Address 9900 Brer			7.0.1		08 31 / Y Y Y Y 08 31 2014								
City Minnetonka	State MN	9	Zip Code 55343-9664				-			96283502	2		
			33343 3004	A	mount	of	Each	Red	ceipt th	is Period			
FEC ID number of contribution federal political committee.	C C				_		-		-	28.	00		
Name of Employer (for Ind Optum Services, Inc	ividual)	Occupa VP IT	tion (for Individual)		Me	emo	Item						
Receipt For:	Aggree	gate Yea	ar-to-Date 🔻										
Primary Ge Other (specify) ▼	neral		238.00	P/	′R Ded	uctio	on (\$1	4.0	0 Bi-We	∍ekly)			
Full Name of Individual (La JAMES, GREGORY J	ast, First, Middle Initial) or Fi	ull Orga	nization Name		Date of	Re	ceipt						
Mailing Address 9900 Bren	Road East				м м 08	/	D 3		/ Y	2014	Y		
City	State	e	Zip Code		Trans	acti	on ID	: P	R25529	6323502	2		
Minnetonka	MN		55343-9664	A	mount	of	Each	Red	ceipt th	is Period			
FEC ID number of contribution federal political committee.	uting C	C Occupation (for Individual) Sr Med Dir					252.82						
Name of Employer (for Inc Optum Services, Inc	lividual)												
Receipt For:	Aggree	gate Yea	P/R Deduction (\$126.41 Bi-Weekly)										
Primary Ge Other (specify) ▼	neral												
Full Name of Individual (La	ast, First, Middle Initial) or Fi	ull Orga	nization Name		Date of	Re	ceipt						
Mailing Address 9900 Brer					08 M	/	D 3	^D	/ Y	y y 2014	Y		
City	State		Zip Code		Trans	acti	ion ID) : P	R25529	96343502	2		
Minnetonka	MN		55343-9664	A	mount	of	Each	Red	ceipt th	is Period			
FEC ID number of contribution federal political committee.	uting C						,		9	28.	00		
Name of Employer (for Ind United HealthCare Services	,		tion (for Individual) Process		Memo Item								
Receipt For:	Aggreg	nate Yea	ar-to-Date 🔻	_									
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			Detailed Summary Page		11a		11b	11c	12	
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	for commercial purposes, other than using the r	name and au	dress of any political committe	e to sol	licit cor	ntrib	outions f	rom such	n commiti	ee.
\backslash	NAME OF COMMITTEE (In Full)	. –								
/	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)							
Α.	Full Name of Individual (Last, First, Middle Initia KIDAMBI, NARASIMHAN, , ,	al) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				м м 08	/	31	/ Y	ү 2014	Y
	City	State	Zip Code		Trans	acti	ion ID :	PR25529	96383502	2
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			_	Ξ.	-	- 7-	40.	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Bus Anlys		Me	emc	o Item			
	Receipt For:		Year-to-Date ▼	_						
	Primary General Other (specify) ▼		340.00] P.	/R Ded	lucti	ion (\$20.	.00 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia LOVELADY, JOHN H, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			08 31 2014						
	City	State	Zip Code		Trans	acti	on ID :	PR25529	96423502	2
	Minnetonka	MN	55343-9664						is Period	
	FEC ID number of contributing federal political committee.	C		_	_	7	-	192.	30	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt		Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1634,55	P/R Deduction (\$96.15 Bi-Weekly)						
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia MACLEOD, JULIE K, , ,	al) or Full Oi	ganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				08 ^M		31	/ Y	2014	Y
	City Minnetonka	State MN	Zip Code 55343-9664						96443502	2
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	FEC ID number of contributing federal political committee.	С			_	_	,	- y	28.	00
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) an Capital Partner Mgr		Me	emc	o Item			
	Receipt For:	1	Year-to-Date V	_						
	Primary General		238.00			Ucti	'on (\$14	.00 Bi-We	aeklu)	
	Other (specify)		 	, DeG	JUUL	.οn (φ14		SORY)		
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	-	- +	_		260.:	30
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	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporated	I PAC (U	nited for Health)								
A	ull Name of Individual (Last, First, Middle Initial MARTO, MICHELLE, , , ailing Address 9900 Bren Road East	l) or Full Org	ganization Name	Date of Receipt							
	ity	State	Zip Code	08 31 2014 Transaction ID : PR2552964735022							
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	ailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 08 31 2014							
	ity Iinnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552964835022 Amount of Each Receipt this Period							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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(City	State		Zip Code		Trans	acti	ion	ID :	PR	25529	65235022	2			
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/ UnitedHealth Group Incorpora	ated PAC (I	Jnited for Health)								
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
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or	for commercial purposes, other than using the								
\langle	NAME OF COMMITTEE (In Full)								
/	UnitedHealth Group Incorporate	d PAC (U	nited for Health)						
	Full Name of Individual (Last, First, Middle Initia TINKER, ANN R, , ,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 9900 Bren Road East			08 31 2014					
	City	State	Zip Code	Transaction ID : PR2552966835022					
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	Mailing Address 9900 Bren Road East			08 31 2014					
	City	State	Zip Code	Transaction ID : PR2552966935022					
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	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014					
	City	State	Zip Code	Transaction ID : PR2552967035022					
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SCHEDULE A (FEC Form 3X)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (Jnited for Health)								
Full Name of Individual (Last, First, Middle A. NAASZ, SCOTT A, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 2014							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2553474735022 Amount of Each Receipt this Period							
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City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2553475135022 Amount of Each Receipt this Period							
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City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2553475335022 Amount of Each Receipt this Period							
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Adv/Tech Cnslt Sr Dir	Memo Item							
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SUBTOTAL of Receipts This Page (optional)		134.00							
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item	Memo Item							
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]	UnitedHealth Group Incorporated	d PAC (l	United for Health)								
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Α.	COHAN, COLLEEN C, , ,			Date of Receipt							
	Mailing Address 9900 Bren Road East	_		08 31 Y Y Y Y Y 08 31 2014							
	City	State	Zip Code	Transaction ID : PR2554012735022							
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	Mailing Address 9900 Bren Road East	08 / D D / Y Y Y Y 2014									
	City	State	Zip Code	Transaction ID : PR2554012935022							
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с.	Full Name of Individual (Last, First, Middle Initia FLAGSTAD, KARSTEN S, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 9900 Bren Road East			08 31 2014							
	City	State	Zip Code	Transaction ID : PR2554013035022							
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\backslash	NAME OF COMMITTEE (In Full)														
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	Mailing Address 9900 Bren Road East					08	1		31	/ Y	ү ү 2014	Y			
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	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 2014										
	City Minnetonka	State MN		Zip Code 55343-9664		Transaction ID : PR2560064035022 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) United HealthCare Services Inc		cupati d Dir	on (for Individual)		Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initia ALEXANDER, JOY L, , ,	al) or Full O)rgan	ization Name		Date of	f Re	∍ceip	t						
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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jnited for Health)	
Α.	Full Name of Individual (Last, First, Middle Initial PERRIER, RICHARD A, , ,) or Full Or	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	08 / 31 / 2014
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Detailed Summary Page X 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name				Use separate schedule(s)	(check only one)							
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	s	UBTOTAL of Receipts This Page (optional)			84.00							

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)							
		Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	g the hame and a									
UnitedHealth Group Incorpo	orated PAC (I	United for Health)								
Full Name of Individual (Last, First, Midd A. LUND, BRIAN W, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 2014							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2561457635022 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		78.00							
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Tax	Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. VOLLBERG, KEITH A, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 2014							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2563207735022 Amount of Each Receipt this Period							
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. CAVANAUGH, LARRY W, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 2014							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2563211035022 Amount of Each Receipt this Period							
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Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)							
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		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$									
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporat	ted PAC (l	Jnited for Health)										
Full Name of Individual (Last, First, Middle Ir BARTON, JACQULYN M, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014									
City	State	Zip Code	Transaction ID : PR2563211235022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Partner	Memo Item									
Receipt For:		Year-to-Date ▼	-									
Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir B. WALSH, JENNIFER F, , ,	litial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2564296835022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1649.00	P/R Deduction (\$97.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir MACKENZIE, ANDREW C, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 08 31 2014									
City	State	Zip Code	Transaction ID : PR2564297135022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpo	rated PAC (United for Health)											
Full Name of Individual (Last, First, Middle A. SWANSON, STEPHEN E, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2564297335022										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item										
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Primary General Other (specify) ▼		663.00	P/R Deduction (\$39.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. BALTHASER, HARVEY J, , ,	e Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			08 31 2014										
City	State	Zip Code	Transaction ID : PR2564297535022										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item										
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ITEMIZED RECEIPTS	-		(check only one)	
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			person for the purpose of soliciting contributions	
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	atad BAC (Inited for Health)		
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B. O'HARE, TAMMY A, , ,		-	Date of Receipt	
Mailing Address 9900 Bren Road East				
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Minnetonka	MIN	55343-9664	Amount of Each Receipt this Period	
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federal political committee.	C		194.00	
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United HealthCare Services Inc	Chie	f Complnc/Ethics Off		
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_	Mailing Address 9900 Bren Road East					M M 08] ′	31		/ Y	y y 2014	Ŷ
	City Minnetonka	State MN	Zip Code 55343-9664								783350 8 Period	
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Α.	Full Name of Individual (Last, First, Middle Init ROBINSON, MARCUS A, , ,	tial) or Full O	rganization	Name		Date of	f Re	ceipt			
	Mailing Address 9900 Bren Road East					08		31		ү ү 2014	
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Α.	Full Name of Individual (Last, First, Middle Initia SMITH, THOMAS E, , ,	al) or Full O	rga	nization Name		Date o	f Re	eceip	pt				
	Mailing Address 9900 Bren Road East					м м 08	/		31	/ Y	201		Y
	City	State		Zip Code		Trans	sact	ion	ID : P	R2572	58953	5022	!
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В.	Full Name of Individual (Last, First, Middle Initia GRAY, JOSEPH A, , ,	al) or Full O	rga	nization Name		Date o	f Re	eceip	pt				
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NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorpor	ated PAC (United for Health)	
Full Name of Individual (Last, First, Middle WACKER, CHARLES, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2572590135022
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) at CInt Rel Ex OptumI	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle OBRIEN, CHRISTINE, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y
City	State	Zip Code	Transaction ID : PR2572590635022
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FEC ID number of contributing federal political committee.	С		28.00
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Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2572590735022
FEC ID number of contributing federal political committee.	C	00000-0004	Amount of Each Receipt this Period 30.00
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Receipt For:		Year-to-Date ▼	
Primary General Other (specify)		255.00	P/R Deduction (\$15.00 Bi-Weekly)
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\setminus	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (I	Uni	ited for Health)									
A.	Full Name of Individual (Last, First, Middle Initia CLARKE, THERESA M, , ,	al) or Full O	Orgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					08	/		D 1	/ Y	2014		
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B.	Full Name of Individual (Last, First, Middle Initia MILLER, KIMBERLEY S, , ,	al) or Full O	Orgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 9900 Bren Road East					08	/	9	D 1	/ Y	2014	ΎΥΎ	
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$\overline{)}$	NAME OF COMMITTEE (In Full)			
\rangle	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)	
Α.	Full Name of Individual (Last, First, Middle Initia WIFFLER, THOMAS P, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2572992735022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		194.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1649.00	P/R Deduction (\$97.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia HARE, LESLIE C, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2574979435022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Clms	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia CIANFROCCO, HEATHER R, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1		08 / D D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2574986235022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		277.76
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.92	P/R Deduction (\$138.88 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			499.76
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NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (United for Health)	
Full Name of Individual (Last, First, Middle BURNETT, JAMIE, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y Y 08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2574988235022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. VAN HOLMES, LORI A, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575030935022 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Dev	Memo Item
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Primary General Other (specify) ▼		1649.00	P/R Deduction (\$97.00 Bi-Weekly)
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Mailing Address 9900 Bren Road East			08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575034535022 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of Compli Off	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2420.62	P/R Deduction (\$290.86 Bi-Weekly)
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$\Big/$	UnitedHealth Group Incorporate	ed PAC (United	for Health)									
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	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (Ur	ited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia LINDSAY, VIVIAN M, , ,	l) or Full C	Drga	nization Name		Date	of R	ec	eipt				
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с.	Full Name of Individual (Last, First, Middle Initia ALLEN, MARK T, , ,	l) or Full C	Drga	nization Name		Date	of R	ec	eipt				
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\backslash	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporate	ed PAC (I	Un	ited for Health)									
Α.	Full Name of Individual (Last, First, Middle Init NICHOLS, SANDRA B, , ,	tial) or Full O	rgar	nization Name	[Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 08	1		31	/ Y	Y 20) 14	Y
	City Minnetonka	State MN		Zip Code 55343-9664	A					R2575			2
	FEC ID number of contributing federal political committee.	С									_	192.3	80
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Svs Regn CMO		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1634.55	P	/R Ded	ucti	ion	(\$96.1	5 Bi-W	eekl	y)	
в.	Full Name of Individual (Last, First, Middle Init BURNAM, DEBRA K, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					M M 08	/	ľ	31	/ Y)14	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R25750 ceipt th			2
	FEC ID number of contributing federal political committee.	С				_		-		-	_	30.5	4
	Name of Employer (for Individual) Southwest Medical Assoc. Inc.			ion (for Individual) Ops		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 227.64	P/	'R Ded	uctio	on	(\$15.2	7 Bi-We	ekly	y)	
с.	Full Name of Individual (Last, First, Middle Init VALLARIO, VINCENT PETER, , ,	tial) or Full O	rgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 08	/	Γ	31	/ Y)14	Y
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	FEC ID number of contributing federal political committee.	С				_		y		,	_	62.5	50
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) up CAO		M	emo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 218.75	P	/R Ded	lucti	ion	(\$31.2	25 Bi-W	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)							7		9	-	285.3	4
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	Full Name of Individual (Last, First, Middle Initi GOLEMI, GLEN J, , ,	ial) or Full O	Orgai	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					08 ^M	/	Е	D D D	/ Y		014	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	0988	835022	2
	Minnetonka	MN		55343-9664	/	Amount	t of	Ea	ich Re	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						-				76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	653.82	P	/R Ded	lucti	on	(\$38.4	46 Bi-W	eekl	y)	
В.	Full Name of Individual (Last, First, Middle Initi JACOBY, CHARLES, , ,	ial) or Full O	Orgai	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					м м 08	/	Γ	D D D 31	/ Y)14	Y
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	Minnetonka	MN		55343-9664	/	Amount	t of	Ea	ich Re	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						-				32.0	0
	Name of Employer (for Individual) Optum Services, Inc	Occ Dir	•	tion (for Individual)		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	272.00	P	/R Ded	uctio	on	(\$16.0	00 Bi-W	eekl	y)	
с.	Full Name of Individual (Last, First, Middle Initi CHAMPION, PHEBE M, , ,	ial) or Full O	Orgai	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					08 ^M	/	Ľ	31	/ Y)14)14	Ŷ
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	FEC ID number of contributing federal political committee.	С						9		9		50.0	0
	Name of Employer (for Individual) Health Plan of Nevada		•	ion (for Individual) Service		М	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		,	425.00	F	/R Dec	lucti	ion	(\$25.0	00 Bi-W	'eekl	y)	
s	UBTOTAL of Receipts This Page (optional)											158.9	2
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TEIMIZED RECEIFTS		Detailed Summary Page		11a] 11k	b [11c	12	
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NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpora	ted PAC (United for Health)								
Full Name of Individual (Last, First, Middle I LYDON, SCOTT THOMAS, , ,	nitial) or Full C	Organization Name	C	Date of	Re	eceip	ot			
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Primary General Other (specify) ▼		238.00	P	′R Ded	luctio	on (\$14.0	0 Bi-W	eekly)	
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Minnetonka	MN	55343-9664	A	mount	t of	Eac	h Re	ceipt th	is Period	
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United HealthCare Services Inc		KA Dir Acct Mgmt								
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	INIZED RECEIPTS	1	for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)	
١.	Full Name of Individual (Last, First, Middle Init BEECHER, KELLY L, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575161135022
	WILLIEOUKA		55545-9004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Accting	Memo Item
	Receipt For:			_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68	P/R Deduction (\$14.04 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Init JONES, RON, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 31 2014
	City	State	Zip Code	Transaction ID : PR2575163535022
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Prov Sols	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2125.00	P/R Deduction (\$125.00 Bi-Weekly)
<u> </u>	Full Name of Individual (Last, First, Middle Init CASSANO, SCOTT G, , ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014
	City	State	Zip Code	Transaction ID : PR2575164435022
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) Health Plan of Nevada		pation (for Individual) rov Svc	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			P/R Deduction (\$100.00 Bi-Weekly)
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	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate		United for Health)										
Α.	Full Name of Individual (Last, First, Middle Init COSTIN, ROBERT C, , ,	tial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East				1	M M		D		/ Y	Y	Y	Y
	<u></u>	Ctoto	Zip Code		44	08	١.,	31	-	L		014	
	City Minnetonka	State MN	Zip Code 55343-9664					i on ID : Each F					2
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sr SIs Exe			M	emo	Item					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		326.91		P	/R Ded	lucti	on (\$19	9.23	3 Bi-We	ekly	y)	
	Full Name of Individual (Last, First, Middle Init WIELAND, MICHAEL W, , ,	tial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East					м м 08	/	D 31		/ Y)14	Y
	City	State	Zip Code			Trans	acti	on ID :	: PF	R25751	816	35022	2
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	Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT			M	emo	Item					
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с.	Full Name of Individual (Last, First, Middle Init MOORE, KRISTIN, , ,	tial) or Full O	rganization Name			Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East					08	/	D 31		/ Y)14	Y
	City	State MN	Zip Code 55343-9664					ion ID					2
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	Name of Employer (for Individual)	Occi	upation (for Individual)			М	emo	ltem					
	United HealthCare Services Inc	KAI	Dir Acct Mgmt										
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	Other (specify)		238.00)	P	/R Ded	lucti	on (\$14	4.00	0 Bi-We	ekly	y)	
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NAME OF COMMITTEE (In Full)										
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Full Name of Individual (Last, First, Middle STAMM, MICHAEL PATRICK, , ,	Initial) or Full C	Organization Name	C	Date of	Re	ceipt				
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Mailing Address 9900 Bren Road East				M M 08	/		31	/ Y	2014	Y
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Minnetonka	MN	55343-9664							is Period	
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	y information copied from such Reports and Stat for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Un	ited for Health)											
Α.	Full Name of Individual (Last, First, Middle Initial GILPIN JR, HOWARD CHARLES, , , Mailing Address 9900 Bren Road East	l) or Full O	Drgar	nization Name		Date of Receipt 08 / 0 D / Y Y Y Y 014									
	City Minnetonka	State MN		Zip Code 55343-9664		Transaction ID : PR2575224935022 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			78.00										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Cnslt		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 663.00	F	P/R Deduction (\$39.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial KIRKPATRICK, SUSAN A, , , Mailing Address 9900 Bren Road East	l) or Full O	Drgai	nization Name	_	Date of Receipt									
	City Minnetonka	State MN		Zip Code 55343-9664	_	08 31 2014 Transaction ID : PR2575233635022 Amount of Each Receipt this Period									
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	Optum Services, Inc	VP	Ger	a Mgmt Ir-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial RUSSELL, THOMAS G, , ,	l) or Full O	Drgai	nization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East					M M / D D / Y									
	City Minnetonka	State MN		Zip Code 55343-9664		Transaction ID : PR2575238635022 Amount of Each Receipt this Period									
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Primary General Other (specify) ▼		653.82	P/R Deduction (\$38.46 Bi-Weekly)										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) C SIs RVP KA											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	P/R Deduction (\$27.78 Bi-Weekly)										
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JONES, TERRY R, , ,	,	J	D	ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				08	/		31	/ Y	y y 2014	Y			
City	State	Zip Code		Trans	acti	ion II	D : P	R25752	27923502	2			
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United HealthCare Services Inc		Dir Acct Mgmt											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			P/	'R Ded	ucti	on (\$	614.0	0 Bi-We	ekly)				
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	for commercial purposes, other than using the n													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	United for Health)											
Α.	Full Name of Individual (Last, First, Middle Initia MARCARIO, SAMANTHA ANN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				08 31 2014									
	City	State	Zip Code		Transaction ID : PR2575287835022									
	Minnetonka	MN	55343-9664		Amount									
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	Receipt For:	Aggregate	Year-to-Date ▼		7									
	Primary General Other (specify) ▼		653.82]	P/R Deduction (\$38.46 Bi-Weekly)									
— С.	Full Name of Individual (Last, First, Middle Initia BEAUREGARD, TOM, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				08 M	/	31		2014	ү ү 4	1			
	City	State MN	Zip Code		Trans	acti	on ID :	PR257	529513	5022	_			
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 United Essentials		Me	emo	ltem							
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 3156.35]	P/R Ded	uctio	on (\$20	94.85 Bi-	Weekly	/)					
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	Mailing Address 9900 Bren Road East					м м 08	1	D	31	/ Y	Y 20)14	Y		
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	Primary General Other (specify) ▼		-	238.68	P/R Deduction (\$14.04 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initia GROCHOWSKI, CLARE B, , ,	zation Name		Date of	Re	eceip	ot								
	Mailing Address 9900 Bren Road East			08	/	D	31	/ Y	ү 20	ү 14	Y				
	City	State		Zip Code		Trans	acti	ion I	ID : PF	25753	001	35022			
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	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Comm		M	emo	b Iter	m						
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с.	Full Name of Individual (Last, First, Middle Initia MCELRATH-JONES, MARY R, , ,	al) or Full O	rgani	zation Name		Date of	Re	eceip	ot						
	Mailing Address 9900 Bren Road East					08			31	/ Y	20	14 14			
	City	State MN		Zip Code		Trans	act	ion	ID : P	R25753	8021	35022	2		
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	Name of Employer (for Individual) United HealthCare Services Inc		upatio Comn	on (for Individual) n		Memo Item									
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
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	NAME OF COMMITTEE (In Full)												
]	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)										
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name										
Α.	TINNERMON, BRADLEY S, , ,			Date of Receipt									
	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
	City	State MN	Zip Code	Transaction ID : PR2575311035022									
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	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item									
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— B.	Full Name of Individual (Last, First, Middle Initia GRIMM, JAN T, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			08 31 2014									
	City	State	Zip Code	Transaction ID : PR2575314835022									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initia GOLDBERG, JEFFREY A, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y Y									
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	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575326935022									
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	Full Name of Individual (Last, First, Middle In TELESKY, MICHAEL J, , ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 9900 Bren Road East			08 31 Y Y Y Y Y 08 31 2014										
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	Mailing Address 9900 Bren Road East			08 31 2014										
	City	State	Zip Code	Transaction ID : PR2575363635022										
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	Mailing Address 9900 Bren Road East			08 / D / Y Y Y Y 2014										
	City	State MN	Zip Code	Transaction ID : PR2575372435022										
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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Full Name of Individual (Last, First, Mid MORGAN, STEVE, , ,	ddle Initial) or Full Or	ganization Name	Date of Receipt									
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Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Gen Mgmt	Memo Item									
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Mailing Address 9900 Bren Road East			08 31 Y Y Y Y Y 2014									
City	State	Zip Code	Transaction ID : PR2575394335022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	ipation (for Individual) Dir	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)									
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Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575395235022									
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Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
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Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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dress of any political committee to Inited for Health) ganization Name Zip Code 55343-9664 Dation (for Individual) - rear-to-Date ▼	Date of Receipt Model 31 2014 Transaction ID : PR2575414935022 Amount of Each Receipt this Period										
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/ear-to-Date ▼ 653.82	P/R Deduction (\$38.46 Bi-Weekly)										
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	ganization Name Zip Code 55343-9664 pation (for Individual) ifo Tech Year-to-Date ▼										

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\backslash	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC (Jnited for Heal	th)										
Α.	Full Name of Individual (Last, First, Middle Ini O'HARA, KARIN R, , ,	tial) or Full C	rganization Name			Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East					м м 08	/	D D D 31	/ Y	ү 20) 014	Y		
	City	State	Zip Code			Trans	acti	on ID : F	PR2575	4287	735022	2		
	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period									
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual Accting	Memo Item										
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	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 08 31 2014									
	City	State	Zip Code			Trans	acti	on ID : F	R25754	1458	35022	2		
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\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (L	Inited for Health)											
Α.	Full Name of Individual (Last, First, Middle Initial BOOKER, ROBERT E, , ,) or Full Or	ganization Name	[Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				м м 08	1	D 31	/ Y	Ý 20)14	Y			
	City	State MN	Zip Code		Trans	acti	ion ID :	PR2575	4472	35022	2			
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	City	State	Zip Code		Trans	acti	on ID :	PR25754	4486	35022	2			
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SCHEDULE A (FEC Form 3X)

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UnitedHealth Group Inco	rporated PAC (I	Jnited for Health)									
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Mailing Address 9900 Bren Road Eas	t		08 / D D / Y Y Y Y 08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575490935022 Amount of Each Receipt this Period								
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)								
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Mailing Address 9900 Bren Road Eas	t		08 31 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575502435022 Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nan Capital Partner	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)								
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Mailing Address 9900 Bren Road Eas	st		M M / D D / Y								
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A	III Name of Individual (Last, First, Middle Initia JOSEPH, MOLLY E, , ,	al) or Full O	rgar	nization Name		Date c	f Re	ec	eipt											
_	ailing Address 9900 Bren Road East					08	/		D D D 31	/	Y		14 14	Ŷ						
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	Primary General Other (specify) ▼		-	3264.00							P/R Deduction (\$192.00 Bi-Weekly)									
	III Name of Individual (Last, First, Middle Initia IEBERT, PAUL B, , ,	al) or Full O	rgar	nization Name	Date of Receipt															
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	ame of Employer (for Individual) nited HealthCare Services Inc	Occi VP		N	lemo	οI	ltem													
R	Primary General	Aggregate	Yea		P/R Deduction (\$125.00 Bi-Weekly)															
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	II Name of Individual (Last, First, Middle Initia KAPLAN, ERIC J, , ,	al) or Full O	rgar	nization Name		Date c	of Re	ec	eipt											
	ailing Address 9900 Bren Road East					^M 08	/		31	/	Y	20	14 [°]	Ŷ						
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N	linnetonka	MN		55343-9664	_	Amour	t of	E	ach Re	eceip	ot this	s Pe	eriod							
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	ame of Employer (for Individual) ptum Services, Inc		•	ion (for Individual) SInt Dev		N	lemo	0	ltem											
R	eceipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 238.00] F	P/R De	duct	tio	n (\$14.	00 B	i-We	ekly	()							
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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incor	porated PAC (United for Health)							
Full Name of Individual (Last, First, M JETER, WILLIAM GARRISON, , ,	-	rganization Name		Date of	Re	ceipt			
Mailing Address 9900 Bren Road East				м м 08	1	31	D /	2014	Ŷ
City Minnetonka	State MN	Zip Code				-	-	55281350	
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Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		238.00	P/	/R Ded	ucti	on (\$14	.00 Bi-\	Weekly)	
Full Name of Individual (Last, First, M B. HAMLIN, THOMAS A, , ,	iddle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 9900 Bren Road East				м м 08	/	31		2014	Y
City	State	Zip Code		Trans	acti	on ID :	PR257	55362350	22
Minnetonka	MN	55343-9664	A	mount	of	Each F	Receipt	this Period	d
FEC ID number of contributing federal political committee.	C			_		y		76	i.92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) wrl Med Dir		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		653.82	P/	'R Ded	uctio	on (\$38	.46 Bi-V	Veekly)	
Full Name of Individual (Last, First, M C. BALCK, AMY LYNN, , ,	iddle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 9900 Bren Road East				M M 08	/	31	D /	2014 2014	Y
City	State	Zip Code		Trans	acti	ion ID :	PR257	55484350	22
Minnetonka	MN	55343-9664	A	mount	of	Each F	Receipt	this Period	d
FEC ID number of contributing federal political committee.	С					,	,	28	.00
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item			
United HealthCare Services Inc	KAI	Mgr Mkt Svc Acct Mgr							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		238.00	P	/R Ded	lucti	on (\$14	.00 Bi-\	Weekly)	
SUBTOTAL of Receipts This Page (opti	onal)					, .	. ,	132	.92
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
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			13 14 15 16 17 person for the purpose of soliciting contributions per to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
ight angle UnitedHealth Group Inc	orporated PAC (I	United for Health)	
Full Name of Individual (Last, First, A. SCOTT, JULIE T, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road E	ast		08 31 2014
City	State	Zip Code	Transaction ID : PR2575578035022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
United HealthCare Services Inc	Dir I	Ntwk Pricing	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, B. MOCK, CURTIS A, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road E	ast		08 31 2014
City	State	Zip Code	Transaction ID : PR2575579235022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		288.88
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1299,96	P/R Deduction (\$144.44 Bi-Weekly)
Full Name of Individual (Last, First, C. WINSOR, ELIZABETH C, ,		rganization Name	Date of Receipt
Mailing Address 9900 Bren Road E	ast		08 31 2014
City	State	Zip Code	Transaction ID : PR2575582835022
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ONA Accts	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1634.55	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (ptional)		509.18
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			13 14 15 16 17 Derson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	orated PAC (United for Health)	
Full Name of Individual (Last, First, Mide A REEVES, RICHARD W, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			M = M / D = D / Y = Y = Y = Y Y O8 31 2014 X <thx< th=""> X X</thx<>
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575583835022 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mide B. PETEROY, MICHAEL, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575585635022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)
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Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 2014
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (U	nited for Health)	
	Full Name of Individual (Last, First, Middle Initial STAPLES, DAVID J, , , Mailing Address 9900 Bren Road East) or Full Org	anization Name	Date of Receipt
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в.	Full Name of Individual (Last, First, Middle Initial THOMPSON, BRIAN R, , ,) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1		08 / D D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575634635022 Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc	· · ·	ation (for Individual) regment CFO	Memo Item
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с.	Full Name of Individual (Last, First, Middle Initial, HENRY, JAN LOUISE, , ,) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East		_	08 / D / Y Y Y Y 2014
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575636835022 Amount of Each Receipt this Period
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				Detailed Summary Page		11a		-	1b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (Un	ited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initi CLARK, TERRENCE M, , ,	ial) or Full C	Orga	nization Name		Date of	f Re	ece	ipt				
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<u>,</u>	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	d PAC (l	Uni	ted for Health)								
A.	Full Name of Individual (Last, First, Middle Initia SUBLETTE, NANCY J, , ,	al) or Full O	Orgar	ization Name	[Date of	f Re	eceipt				
	Mailing Address 9900 Bren Road East					м м 08	/	31			014	Y
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В.	Full Name of Individual (Last, First, Middle Initia HERMAN, CRAIG S, , ,	al) or Full O	Orgar	ization Name		Date of	f Re	eceipt				
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$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (I	United for Health)									
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\backslash	NAME OF COMMITTEE (In Full)											
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	Mailing Address 9900 Bren Road East					^M 08	1	D 31		Y	2014	Y
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١.	Full Name of Individual (Last, First, Middle In BERNAUER, MARK J, , ,	nitial) or Full O	rganization Name		Date of	f Re	eceij	pt			
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	13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt 08 12 Date of Receipt 08 11 2014 14 15 14 Transaction ID : PR2575756035022 Amount of Each Receipt this Period 28.00 28.00 28.00 Memo Item P/R Deduction (\$14.00 Bi-Weekly) 14.00 Bi-Weekly) 14.00 Bi-Weekly 14.00 Bi-Weekly							
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A.	Full Name of Individual (Last, First, Middle Initia MADDUX, SUSAN V, , ,	al) or Full Oi	rgar	ization Name		Date o	of Re	ece	eipt					
	Mailing Address 9900 Bren Road East					08 31 Y Y Y Y Y 2014								
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В.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE ERIN, , ,	al) or Full O	rgar	ization Name		Date o	of Re	ece	eipt					
	Mailing Address 9900 Bren Road East					M M 08		_	D D D 31	/ Y	2014	Y		
	City	State		Zip Code		Trans	sact	tion	n ID : P	R25758	1213502	2		
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с.	Full Name of Individual (Last, First, Middle Initia MILLER, WILLIAM J, , ,	al) or Full Oi	rgar	ization Name		Date o	of Re	ece	eipt					
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Α.	Full Name of Individual (Last, First, Middle Initia HARRISON, CHARLES M, , ,	l) or Full Or	rgan	ization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East					м м 08	/	/	D D D 31	/ Y	y y 2014	Y			
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В.	Full Name of Individual (Last, First, Middle Initia SKOPAS, EDWARD JOHN, , ,	l) or Full Or	rgan	ization Name		Date o	f Re	ece	eipt						
-	Mailing Address 9900 Bren Road East					м м 08		′ [D D 31	/ Y	, 2014	Ý			
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C.	Full Name of Individual (Last, First, Middle Initia GOLDEN, WILLIAM J, , ,	l) or Full Or	rgan	ization Name		Date o	f Re	ece	eipt						
	Mailing Address 9900 Bren Road East					^M 08	J.	′	D D D 31		ү ү 2014	_			
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			13 14 15 16 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (I	United for Health)	
Full Name of Individual (Last, First, Mic COTTINGTON, NYLE BRENT, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575865335022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.78
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Accting	Memo Item
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 261.63	P/R Deduction (\$15.39 Bi-Weekly)	
Full Name of Individual (Last, First, Mic DAMATO, JAMIE, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575872035022 Amount of Each Receipt this Period
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Name of Employer (for Individual) Optum Services, Inc	Occi Dir	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name of Individual (Last, First, Mic LIPPMAN, GLENN, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575882835022 Amount of Each Receipt this Period
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (United for Health)									
Full Name of Individual (Last, First, Middle LIPPITT, PAMELA, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 2014								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575884435022								
		33343-9004	Amount of Each Receipt this Period								
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City	State	Zip Code	Transaction ID : PR2575885035022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		194.00								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		1649.00	P/R Deduction (\$97.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. MEDEIROS, MICHAEL W, , ,	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014								
City	State	Zip Code	Transaction ID : PR2575930635022								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Mgmt NA Accts	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		663.00	P/R Deduction (\$39.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional))		300.00								
TOTAL This Period (last page this line numb											

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		for each category of the Detailed Summary Page	X	11a		11b	11c	12	<u> </u>				
Any information copied from such Reports a or for commercial purposes, other than usir													
NAME OF COMMITTEE (In Full)	-												
UnitedHealth Group Incorpo	prated PAC (United for Health)											
Full Name of Individual (Last, First, Midd A. MATTERA, RICHARD J, , ,	lle Initial) or Full C	organization Name		Date of Receipt									
Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 2014									
City	State MN	Zip Code						93843502					
Minnetonka	IVIIN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C							384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼	_										
Primary General Other (specify) ▼		3269.10	P/	'R Dedi	uctio	on (\$19	2.30 Bi-\	Veekly)					
Full Name of Individual (Last, First, Midd B. KISCH, DAVID J, , ,	lle Initial) or Full C	Prganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				M M 08	/	31	/ Y	y 2014	Y				
City	State	Zip Code		Transa	acti	on ID :	PR2575	96603502	2				
Minnetonka	MN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	С			30.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/	R Dedu	uctio	on (\$15.	00 Bi-W	eekly)					
Full Name of Individual (Last, First, Midd C. MELLBERG, DOREEN L, , ,	lle Initial) or Full C	Prganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				08	/	31	/ Y	2014	Y				
City	State	Zip Code		Trans	acti	ion ID :	PR2575	96683502	2				
Minnetonka	MN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	С					,	,	31.	74				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) roj Mgr		Me	emo	Item							
Receipt For:	I	Year-to-Date ▼	_										
Primary General Other (specify)		222.18	P	/R Ded	ucti	on (\$15	.87 Bi-W	'eekly)					
SUBTOTAL of Receipts This Page (option	al)	b						446.	34				
TOTAL This Period (last page this line nur	mber only)					,	, , ,						

FOR LINE NUMBER:

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EIVIZED RECEIPTS		Detailed Summary Page		11a		11	b	11c	12				
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ny information copied from such Reports a for commercial purposes, other than usin													
NAME OF COMMITTEE (In Full)													
² UnitedHealth Group Incorpo	prated PAC (I	Jnited for Health)											
Full Name of Individual (Last, First, Midd SALINAS, MARC T, , ,	lle Initial) or Full O	rganization Name	D	Date of Receipt									
Mailing Address 9900 Bren Road East			_ [M M / D D / Y									
City	State	Zip Code		Trans	acti	ion	ID :	PR257	59679350)22			
Minnetonka	MN	55343-9664	Ai	nount	of	Ea	ch R	eceipt	this Perio	d			
FEC ID number of contributing federal political committee.	C			78.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo) Ite	em						
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		663.00	P/f	R Ded	uctio	on	(\$39.	00 Bi-\	Weekly)				
Full Name of Individual (Last, First, Midd PERLMAN, JUDITH GAGER, , ,	lle Initial) or Full O	rganization Name	D	ate of	Re	ecei	pt						
Mailing Address 9900 Bren Road East				08	/	ľ	31	1	y y y 2014	Y			
City	State	Zip Code	-	[rans	acti	on	ID :	PR257	59689350	22			
Minnetonka	MN	55343-9664	Ai	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C					-			78	3.00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo) Ite	em						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		663.00	P/F	R Ded	uctio	on	(\$39.	00 Bi-\	Veekly)				
Full Name of Individual (Last, First, Midd DICELLO, MARK A, , ,	lle Initial) or Full O	rganization Name	D	ate of	Re	ecei	pt						
Mailing Address 9900 Bren Road East				08	/	Γ	31	1	2014	Ý			
City	State	Zip Code		Trans	acti	ion	ID :	PR257	59779350)22			
Minnetonka	MN	55343-9664	Ai	nount	of	Ea	ch R	eceipt	this Perio	d			
FEC ID number of contributing federal political committee.	С					,		,	28	3.00			
Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	o Ite	əm						
United HealthCare Services Inc	Dir N	Itwk Contrctng											
Receipt For:	Aggregate	Year-to-Date ▼											
		238.00	P/I	R Ded	lucti	on	(\$14.	.00 Bi-\	Weekly)				
Other (specify)		230.00							,				

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page		(11a		7.	11b	11c		12		
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	information copied from such Reports and St or commercial purposes, other than using the													
\ I	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC ((Ur	nited for Health)										
A	Full Name of Individual (Last, First, Middle Initi LEENAY, MARK, , ,	ial) or Full (Orga	nization Name		Date	of Re	ec	eipt					
Ν	Mailing Address 9900 Bren Road East					08 / D D / Y Y Y Y 2014								
	City	State		Zip Code		Tran	sact	tio	on ID : P	R2575	9828	83502	2	
_	Minnetonka	MN		55343-9664		Amou	nt of	E	Each Red	ceipt th	nis F	'eriod		
	EC ID number of contributing ederal political committee.	С						-,		- 19-	_	78.0	00	
	Name of Employer (for Individual) JHC International Services Inc		•	tion (for Individual) d Dir/CMO		N	/lemo	0	Item					
F	Receipt For:	Aggregate	e Ye	ar-to-Date ▼										
	Primary General Other (specify) ▼		-	663.00] F	P/R De	duct	tio	n (\$39.0	0 Bi-W	eekl	у)		
	Full Name of Individual (Last, First, Middle Initi CHURCHILL, CAROL ANN, , ,	ial) or Full (Orga	nization Name		Date	of Re	ec	eipt					
Ν	Aailing Address 9900 Bren Road East					[™] 08	л /	′	D D 31	/ Y) 14	Ŷ	
(City	State		Zip Code		Tran	sact	io	n ID : P	R2575	3883	335022	2	
_	Minnetonka	MN		55343-9664		Amou	nt of	E	Each Red	ceipt th	nis F	'eriod		
	FEC ID number of contributing ederal political committee.	С						-,	p	-9	_	28.0	00	
	Name of Employer (for Individual) Jnited HealthCare Services Inc		cupa ed D	ation (for Individual) ir		Ν	/lemo	0	Item					
Ē	Receipt For:	Aggregate	e Ye	ar-to-Date ▼										
	Primary General Other (specify) ▼		,	238.00] F	P/R Deduction (\$14.00 Bi-Weekly)								
۴ C.	Full Name of Individual (Last, First, Middle Initi GOLD, PAMELA J, , ,	ial) or Full (Orga	nization Name		Date	of Re	ec	eipt					
_	Mailing Address 9900 Bren Road East					[™] 08	И /	′	D D D 31	/ Y) 014	Y	
	City	State		Zip Code		Tran	sact	tic	on ID : P	R2575	988	63502	2	
-	Minnetonka	MN		55343-9664	_	Amou	nt of	E	Each Red	ceipt th	nis F	'eriod		
	FEC ID number of contributing ederal political committee.	С				<u> </u>		,		y	_	28.0	00	
1	Name of Employer (for Individual)	Oce	cupa	tion (for Individual)		P	/lemo	0	Item					
_	Jnited HealthCare Services Inc	SB	KA	VP SIs Acct Mgt										
F	Receipt For:	Aggregate	e Ye	ar-to-Date ▼										
	Other (specify)		-7	238.00] '	P/R De	duct	tio	n (\$14.0	0 Bi-W	eekl	y)		
su	BTOTAL of Receipts This Page (optional)				•					9		134.0	0	
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				etailed Summary Page	X	11a		11b		11c	<u> </u>	12			
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or f	 information copied from such Reports and Sta or commercial purposes, other than using the r 	tements ma name and a	ay no ddre	t be sold or used by any pess of any political committee	erson for to sol	or the icit cor	purp ntrib	oose	of s s fro	oliciting	con 1 con	tributi nmitte	ons e.		
/ 1	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	d PAC (l	Uni	ted for Health)											
A	Full Name of Individual (Last, First, Middle Initia RODGERS, DOUGLAS LYNN, , ,	al) or Full Oi	rgan	ization Name		Date of Receipt									
_	Mailing Address 9900 Bren Road East					M M / D D / Y									
	City	State MN		Zip Code		Trans	acti	ion ID) : P	R25760	0063	35022	2		
-	Minnetonka			55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing rederal political committee.	С			28.08										
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upati c Dir	on (for Individual)		Me	emo	Item							
Ī	Receipt For:	Aggregate	Year	-to-Date V											
	Primary General Other (specify) ▼		-	238.68	P	/R Ded	ucti	on (\$′	14.0	4 Bi-We	ekly)			
		al) or Full O	rgan	ization Name		Date of	Re	ceipt							
-	Mailing Address 9900 Bren Road East					M M / D / Y									
Ō	City	State		Zip Code		Trans	acti	on ID	: P	R25760	0163	35022			
_	Minnetonka	MN		55343-9664	A					ceipt th					
	FEC ID number of contributing ederal political committee.	C				_		-		4	_	80.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Reg	on (for Individual) ec	Memo Item											
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$40.00 Bi-Weekly)												
с. Г	Full Name of Individual (Last, First, Middle Initia SQUARRELL SHABLIN, KAREN I, , ,	al) or Full Oi	rgan	ization Name		Date of	Re	ceipt							
I	Mailing Address 9900 Bren Road East					M M 08	/		D 31	/ Y	ү 201	ү 14	Y		
	City	State		Zip Code		Trans	acti	ion ID) : P	R25760)173:	35022	2		
-	Minnetonka	MN		55343-9664	A	Amount	of	Each	Re	ceipt thi	is Pe	eriod			
	FEC ID number of contributing ederal political committee.	С						y		y		36.5	0		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Svc Acct Mgt		M	emo	Item	1						
Ī	Receipt For:	Aggregate	Year	-to-Date ▼ 200.75	P/R Deduction (\$18.25 Bi-Weekly)										
	Other (specify)		7	200.75											
รเ	JBTOTAL of Receipts This Page (optional)			•				,		<i>y</i>		144.5	8		
тс	TAL This Period (last page this line number or	nly)		••••••				-		-ap-		- 41			

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I EIVIZED RECEIPIS		for each category of the	X 11a 11b 11c 12									
		Detailed Summary Page	13 14 15 16 17									
or for commercial purposes, other than us			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorp	orated PAC (United for Health)										
Full Name of Individual (Last, First, Mic SCOTT, JOHN EDWARD, , ,	Idle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2576018635022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		143.64									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Info Tech	Memo Item									
Receipt For:	Aaareaate	Year-to-Date ▼										
Primary General Other (specify) ▼		353.64	P/R Deduction (\$71.82 Bi-Weekly)									
Full Name of Individual (Last, First, Mic SANN, DAVID, , ,	Idle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2576026435022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		117.64									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		470.56	P/R Deduction (\$58.82 Bi-Weekly)									
Full Name of Individual (Last, First, Mic C. SONERHOLM, KIMBERLY K,		organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City	State MN	Zip Code	Transaction ID : PR2576033235022									
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.00									
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) VP SIs Acct Mgmt	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		238.00	P/R Deduction (\$14.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optio	nal)		289.28									
TOTAL This Period (last page this line n	umber only)											

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	I ay not be sold or used by any p address of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorport	orated PAC (United for Health)	
Full Name of Individual (Last, First, Midd A. WARMUTH, JAY, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576040035022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 663.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. MEDOWS, RHONDA M, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 08 31 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576040435022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Med Off	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1634,55	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. STONE, LAURA L, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576045135022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Ntwk Contrctng	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		298.30
TOTAL This Period (last page this line nur	nber only)		

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			Use separate schedule(s)	(ch	eck only	on on	e)							
	ED RECEIPTS		for each category of the Detailed Summary Page		〈 11a		11b	11c	12					
Any inform	nation copied from such Reports and Sta	tements ma	y not be sold or used by any n	ereon	13 for the r		14	15 soliciting	16	17 ions				
	mercial purposes, other than using the n													
	OF COMMITTEE (In Full)													
) Unite	edHealth Group Incorporated	I PAC (L	Jnited for Health)											
	me of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name											
	ENENDAAL, MICHAEL R, , ,			_	Date of Receipt									
Mailing	Address 9900 Bren Road East				08 31 Y Y Y Y Y 2014									
City		State	Zip Code		Transaction ID : PR2576046235022									
Minnet	onka	MN	55343-9664	_	Amount	of	Each R	eceipt th	is Period					
	number of contributing political committee.	С					,		28.0	00				
Name of	of Employer (for Individual)	Occu	pation (for Individual)		Me	emo	Item							
United I	HealthCare Services Inc	VP E	Exe Comp											
Receipt		Aggregate `	Year-to-Date ▼											
	General General		228.00	F	P/R Ded	uctio	on (\$14	.00 Bi-We	eekly)					
	Other (specify)		238.00	4										
	me of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Address 9900 Bren Road East				08	/	31	/ Y	2014	Y				
City		State	Zip Code		Transa	acti	on ID :	PR25760	05133502	2				
Minnet	onka	MN	55343-9664	_	Amount	of	Each R	eceipt th	is Period					
	number of contributing political committee.	С						135.()4					
	of Employer (for Individual)		pation (for Individual)		Me	emo	Item							
United I Receipt	HealthCare Services Inc		Pres	_										
	rimary General	Aggregate `	Year-to-Date ▼	_										
	ther (specify) ▼		, 392.36	F	P/R Dedu	uctio	on (\$67.	.52 Bi-We	eekly)					
	me of Individual (Last, First, Middle Initia NSON, RESTOR, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
Mailing	Address 9900 Bren Road East				м м 08	/	31	/ Y	2014	Y				
City		State	Zip Code		Trans	acti	on ID :	PR2576	05163502	2				
Minnet	onka	MN	55343-9664		Amount	of	Each R	eceipt th	is Period					
	number of contributing political committee.	С					y .	, ,	194.(00				
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) ntrprs Real Estate Svs	Memo Item										
	t For: Irimary General Other (specify)	Aggregate	Year-to-Date ▼ 1649.00]	P/R Ded	ucti	on (\$97	.00 Bi-W	eekly)					
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorp	orated PAC (United for Health)										
Full Name of Individual (Last, First, Mic A. REX, JOHN F, , ,	Idle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576060035022									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 386.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3281.00	P/R Deduction (\$193.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mic GOLENOR, APRIL D, , ,	Idle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 31 2014									
City	State	Zip Code	Transaction ID : PR2576063935022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Mic C. NOVAK, LANCE A, , ,	Idle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2576073535022									
FEC ID number of contributing		55343-9664	Amount of Each Receipt this Period									
federal political committee.	С											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Finance	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		550.00	P/R Deduction (\$50.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option	nal)		514.08									
TOTAL This Period (last page this line nu	umber only)											

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	y information copied from such Reports and S for commercial purposes, other than using the													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\sum	UnitedHealth Group Incorporate	ed PAC (Jnited for Health)											
Α.	Full Name of Individual (Last, First, Middle Ini DAVIS, ANGELA D, , ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 08 31 2014									
	City	State	Zip Code		Transaction ID : PR2576083935022									
	Minnetonka	MN	55343-9664	_	Amount	t of	Each Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					-	-	76.	92				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Proj Mgmt		M	emo	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)		653.82] F	P/R Ded	lucti	ion (\$38.4	l6 Bi-We	eekly)					
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or fo	or commercial purposes, other than using the IAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate full Name of Individual (Last, First, Middle Initi KENIRY, DANIEL J, , , Mailing Address 9900 Bren Road East	name and a d PAC (l	ddress of any political committee	13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.											
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	Name of Employer (for Individual) Optum Services, Inc		upatio s Advs	on (for Individual) sr		N	1em	0	ltem						
		Aggregate `	Year-	to-Date V											
	Primary General Other (specify)	349.24						P/R Deduction (\$27.86 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)						-					162.38	В		
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\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporate	d PAC (l	Unit	ted for Health)											
Α.	Full Name of Individual (Last, First, Middle Initia HAYLEY, KATHRYN J, , ,	ame of Individual (Last, First, Middle Initial) or Full Organization Name /LEY, KATHRYN J, , ,													
	Mailing Address 9900 Bren Road East					08 31 2014									
	City	State		Zip Code		Transaction ID : PR2601169035022									
	Minnetonka	MN		55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				265.30									
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Advancement		M	emc	Item							
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General Other (specify) ▼		-	1250.01	P.	/R Ded	lucti	on (\$132	2.65 Bi-W	/eekly)					
B.	Full Name of Individual (Last, First, Middle Initia JONAS, TINA, , ,	al) or Full O	rgani	ization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East		M = M / D = D / Y = Y = Y = Y Y 08 31 2014 2014												
	City	State		Zip Code		Trans	acti	on ID : I	PR26011	7113502	2				
	Minnetonka	MN		55343-9664	A	Amount	t of	Each R	eceipt th	is Period					
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	Name of Employer (for Individual) United HealthCare Services Inc		upati s M&	on (for Individual) V	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 2219.00	P/	P/R Deduction (\$309.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia RODRIGUEZ, ROGER, , ,	al) or Full O	rgani	ization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East		-			08	1	D D D 31	/ Y	2014 Y	Y				
	City	State		Zip Code		Trans	act	ion ID :	PR26011	7683502	2				
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	FEC ID number of contributing federal political committee.	С						,		76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Mgmt	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 653.82] Р	/R Ded	lucti	on (\$38.	46 Bi-We	eekly)					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorp	orated PAC (United for Health)										
Full Name of Individual (Last, First, Mide BUSCH NEHRING, SUSAN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2605698335022									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.82	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mide DAVIS, KELLY MARIE, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014									
City	State	Zip Code	Transaction ID : PR2605734235022									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 601.56	P/R Deduction (\$44.28 Bi-Weekly)									
Full Name of Individual (Last, First, Mide MALONE, TRACY, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 2014									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2605736935022									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item									
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Other (specify)		653.82	P/R Deduction (\$38.46 Bi-Weekly)									
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	y information copied from such Reports and Sta for commercial purposes, other than using the r											
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/	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)									
۱.	Full Name of Individual (Last, First, Middle Initia FERENSIC, MICHELLE, , ,	al) or Full O	ganization Name		Date of	Re	ceip	ot				
	Mailing Address 9900 Bren Road East				08 / D D / Y Y Y Y 2014							
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	Primary General Other (specify) ▼		326.91	P/R Deduction (\$19.23 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia KIEFER, WILLIAM KARL, , ,	ganization Name		Date of	Re	ceip	ot					
	Mailing Address 9900 Bren Road East		M M 08	/	D	31	/ Y	2014	Y			
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	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Strat Dev		M	emo	lte	m				
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	Optum Services, Inc		Bus Ops									
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$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (I	Unit	ed for Health)											
Α.	Full Name of Individual (Last, First, Middle Initi SMITH, LARRY, , ,	al) or Full O	Organi	zation Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East					08 31 Y Y Y Y 08 31 2014									
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	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Compli		Memo Item									
	Receipt For:	Aggregate	Year	-to-Date V											
	Primary General Other (specify) ▼		- J -	218.75	P	/R Ded	lucti	on (\$3 ⁻	1.2	5 Bi-We	ekly	y)			
В.	Full Name of Individual (Last, First, Middle Initi WEISSEL, MICHAEL E, , ,	al) or Full O	Organi	zation Name	Date of Receipt										
	Mailing Address 9900 Bren Road East					м м 08	1	D 31		/ Y	20)14	Ŷ		
	City	State		Zip Code		Trans	acti	on ID :	: PJ	R26068	429	35022	2		
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	Name of Employer (for Individual) Optum Services, Inc	on (for Individual) xec		M	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	-to-Date ▼ 1961.46	P.	P/R Deduction (\$115.38 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initi MATECZUN, JOHN MATTHEW, , ,	al) or Full O	Organi	zation Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East					08 ^M	/	D 31		/ Y)14	Y		
	City	State MN		Zip Code		Trans	act	ion ID	: P	R26068	3451	3502	2		
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	Name of Employer (for Individual) United HealthCare Services Inc	Occi Pres	Memo Item												
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or	or commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
)	UnitedHealth Group Incorpora	ated PAC (I	Jnited for Health)								
	Full Name of Individual (Last, First, Middle ZIESMANN, THOMAS KARL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 9900 Bren Road East			08 31 Y Y Y Y 2014							
	City	State	Zip Code	Transaction ID : PR2606854435022							
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	Primary General Other (specify) ▼		238.68	P/R Deduction (\$14.04 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle EYER, JAN V, , ,	Initial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 9900 Bren Road East	08 31 2014									
	City	State	Zip Code	Transaction ID : PR2606857535022							
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	Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y 08 31 2014							
	City	State	Zip Code	Transaction ID : PR2607803035022							
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
	FEC ID number of contributing rederal political committee.	С		100.00							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	United HealthCare Services Inc		Service Acct Mgmt								
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$\Big)$	UnitedHealth Group Incorporate			,											
Α.	Full Name of Individual (Last, First, Middle Initi MARGRITZ, CYNTHIA ANN, , ,	ial) or Full O	Orgar	nization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East					M M / D D / Y									
	City	State MN		Zip Code		Transaction ID : PR2607806135022									
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) r Clin Qlty		M	lemo	οI	ltem						
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	Mailing Address 9900 Bren Road East					^M 08	/	′	D 31	1	/ Y)14	Y	
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$\Big)$	UnitedHealth Group Incorporate	ed PAC (Uni	ited for Health)										
A.	Full Name of Individual (Last, First, Middle Ini FLYNN, VIRGINIA A, , ,	itial) or Full C	Drgar	nization Name		Date of Receipt								
	Mailing Address 9900 Bren Road East					^M 08	1	ľ	31	/ Y		014	Y	
	City	State		Zip Code		Transaction ID : PR2608061235022								
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	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Clin Ops		Memo Item								
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	Mailing Address 9900 Bren Road East					м м 08	/	Ľ	31	/ Y)14	Y	
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	Mailing Address 9900 Bren Road East					м м 08	1		31	/ Y	2014	Y	
	City	State	Zip Code			Transaction ID : PR2614315635022							
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	FEC ID number of contributing federal political committee.	С				76.92							
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	Receipt For:	Aggregate	Year-to-Date 🔻										
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с.	Full Name of Individual (Last, First, Middle Init SOLOMON, RANDALL L, , ,	tial) or Full O	rganization Name		D	ate of	Re	ceip	t				
	Mailing Address 9900 Bren Road East					08 ^M	/	D	31	/ Y	2014 Y	Y	
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorport	orated PAC (United for Health)								
Full Name of Individual (Last, First, Mide BIRNBAUM, MICHAEL, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 / Y Y Y Y 2014							
City	State	Zip Code	Transaction ID : PR2615671635022							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		86.96							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		608.72	P/R Deduction (\$43.48 Bi-Weekly)							
Full Name of Individual (Last, First, Mide YOUNG, JENNIFER LORYN, , ,	dle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 31 2014							
City	State	Zip Code	Transaction ID : PR2615929435022							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ů – Elektrik									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Vice Pres AM	Memo Item							
Receipt For:	Aggregate	Year-to-Date V	7							
Primary General Other (specify) ▼		, 200.75	P/R Deduction (\$18.25 Bi-Weekly)							
Full Name of Individual (Last, First, Mide C. JOHNSON, MARK OWEN, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			08 / D D / Y Y Y Y Y 2014							
City	State	Zip Code	Transaction ID : PR2617933935022							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		160.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Contrctng	Memo Item							
Receipt For:										
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		480.00	P/R Deduction (\$80.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		283.46							
TOTAL This Period (last page this line nu	mber only)		56613.93							

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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 176 OF 221						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)						
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)							
Full Name (Last, First, Middle Initial) A. DAWG PAC - Democrats Against W	aste in G	overnment		Date of Disbursement						
Mailing Address P.O. Box 83142				08 01 2014						
City Gaithersburg	State MD	Zip Code 20883		FEC Identification Number						
Purpose of Disbursement		·		C C00455360						
Contribution			011	Transaction ID : 37389882						
Candidate Name			Category/	Amount of Each Disbursement this Period						
DAWG PAC - Democrats Against Waste in Government			Туре							
Office Sought: House Disburse	ement For:	·		2500.00						
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item						
State: District:	1									
Full Name (Last, First, Middle Initial)				Date of Disbursement						
Deff Miller For Congress										
Mailing Address PO Box 126	-									
City	State	Zip Code		FEC Identification Number						
Pensacola										
Purpose of Disbursement		I	011	C C00366757						
Contribution			011	Transaction ID : 37389883						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Miller, Jeff, , Rep.,			Туре	2500.00						
	ement For: :			2500.00						
	Primary	General		Contribution						
State: FL District: 01	Other (spe	city)		Memo Item						
Full Name (Last, First, Middle Initial)										
C. Moolenaar For Congress				Date of Disbursement						
Mailing Address 5915 Eastman Avenue Suite 100				08 01 2014						
City Midland	State MI	Zip Code 48640		FEC Identification Number						
Purpose of Disbursement	1111			C C00561530						
Contribution			011	C C00561530						
Candidate Name				Transaction ID : 37389884						
Moolenaar, John, , ,			Category/ Type	Amount of Each Disbursement this Period						
		2014	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00						
Senate	Primary	General		Contribution						
State: MI District: 04	Other (spe	спу) 🔻		Memo Item						
				7500.00						
SUBTOTAL of Disbursements This Page (optional).										
TOTAL This Period (last page this line number only	/)		••••••	, ,						

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I	-						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)							
Full Name (Last, First, Middle Initial)										
A. Citizens for Prosperity in America To	day PAC	;		Date of Disbursement						
Mailing Address 228 S Washington Street, Suite 11	5			08 / D D / Y Y Y Y 08 01 2014						
City Alexandria	State VA	Zip Code 22314		FEC Identification Number						
Purpose of Disbursement				C C00491654						
Contribution			011							
Candidate Name			Category/	Transaction ID: 37389885 Amount of Each Disbursement this Period						
Citizens for Prosperity in America Today PAC			Type							
Office Sought: House Disburse	ment For:			2000.00						
Senate	Primary	General		Contribution						
State: District:	Other (spec	city) 🔻		Memo Item						
Full Name (Last, First, Middle Initial)										
B. Walorski For Congress Inc				Date of Disbursement						
Mailing Address PO Box 954				08 01 2014						
3	State	Zip Code		FEC Identification Number						
Mishawaka Purpose of Disbursement	IN	46546								
Contribution			011	C C00468579						
Candidate Name			Category/	Transaction ID : 37389886 Amount of Each Disbursement this Period						
Walorski, Jackie, , Rep.,			Type	Amount of Each Dispursement this Penou						
Office Sought: X House Disburse	ment For: 2	2014		1000.00						
Senate	Primary	X General		Contribution						
State: IN District: 02	Other (spec	cify)		Memo Item						
Full Name (Last, First, Middle Initial)										
C. Denham for Congress				Date of Disbursement						
Mailing Address 2150 River Plaza Dr., #150				M M / D D / Y						
City	State	Zip Code		FEC Identification Number						
Sacramento	CA	95833								
Purpose of Disbursement			011	C C00473272						
Contribution Candidate Name				Transaction ID : 37389887						
Denham, Jeff, , Rep.,	ng		Category/ Type	Amount of Each Disbursement this Period						
	ment For: 2	2014	Турс	1500.00						
Senate	Primary	General								
President	Other (spec	cify)		Contribution Memo Item						
State: CA District: 10										
SUBTOTAL of Disbursements This Page (optional)			•••••	4500.00						
TOTAL This Period (last page this line number only)		••••••							

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 178 OF 221					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	(one)					
			Summary Page	21b 28a	22 × 23 26 27 28b 28c 29 30b					
An	y information copied from such Reports and State	ments may	not he sold or use							
	for commercial purposes, other than using the na									
\backslash	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)						
	Full Name (Last, First, Middle Initial)									
Α.	Fitzpatrick for Congress				Date of Disbursement					
	Mailing Address PO Box 185									
	City	State	Zip Code		FEC Identification Number					
	Langhorne	PA	19047-0185							
	Purpose of Disbursement			011	C C00475103					
	Contribution Candidate Name				Transaction ID: 37389888					
	Fitzpatrick, Michael, G., Rep.,			Category/ Type	Amount of Each Disbursement this Period					
		ement For: 2	2014	iypo	1500.00					
	Senate	Primary	General							
	President	Other (spe	cify) 🔻		Contribution Memo Item					
	State: PA District: 08									
в.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
υ.	Pat Meehan For Congress									
	Mailing Address 50 S. Providence Road				08 01 2014					
	City	State	Zip Code		FEC Identification Number					
	Media Purpose of Disbursement	PA	19063							
	Contribution			011	C C00466870					
	Candidate Name			Category/	Transaction ID : 37389889 Amount of Each Disbursement this Period					
	Meehan, Patrick, , Rep.,			Type	2000.00					
	° A	ement For:	2014							
	Senate	Primary	General		Contribution					
	State: PA District: 07	Other (spe	city)		Memo Item					
	Full Name (Last, First, Middle Initial)									
C.	Ryan For Congress Inc				Date of Disbursement					
	Mailing Address PO Box 1488				M M / D D / Y					
	City	State	Zip Code		EEC Identification Number					
	Janesville	WI	53547-1488		FEC Identification Number					
	Purpose of Disbursement			011	C C00330894					
	Contribution Candidate Name			011	Transaction ID: 37389890					
	Ryan, Paul, D., Rep.,	Paul, D., Rep.,		Category/ Type	Amount of Each Disbursement this Period					
				iypo	1000.00					
	Senate	Primary	General							
	President	Other (spe	cify)		Contribution Memo Item					
_	State: WI District: 01	_								
s	UBTOTAL of Disbursements This Page (optional).			····· ►	4500.00					
Т	OTAL This Period (last page this line number only	y)		••••••	, ,					

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 179 OF 221						
ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)						
			Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
۸	v information capital from such Departs and Otats	monto marco	ant ha cald ar	28a	28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	alth)							
	Full Name (Last, First, Middle Initial)										
Α.	Ribble for Congress				Date of Disbursement						
	Mailing Address PO Box 7200				08 / D D / Y Y Y Y 01 / 2014						
	City	State	Zip Code		FFC Identification Number						
	Appleton	WI	54912-7069		FEC Identification Number						
	Purpose of Disbursement				C C00463620						
	Contribution			011	Transaction ID : 37389891						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Ribble, Reid, J., Rep., Office Sought: X House Disburse	ement For: 2	2014	Туре	5000.00						
	Senate	Primary	General								
	President	Other (spec			Contribution						
	State: WI District: 08]	., .		Memo Item						
	Full Name (Last, First, Middle Initial)										
В.	Rodney for Congress				Date of Disbursement						
	Mailing Address PO Box 344				08 / D D / Y Y Y Y 01 2014						
	City	State	Zip Code		FEC Identification Number						
	Taylorville	IL	62568-0344								
	Purpose of Disbursement			011	C C00521948						
	Contribution Candidate Name				Transaction ID: 37389892						
	Davis, Rodney, L., Rep.,			Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution						
		ment For: 2	2014	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Senate	Primary	X General								
	President	Other (spec	cify)		Memo Item						
	State: IL District: 13										
~	Full Name (Last, First, Middle Initial)										
C.	Republican Operation To Secure And	Кеер А М	lajority (ROSł	(AM PAC)	Date of Disbursement						
	Mailing Address PO Box 1011				M M / D D / Y						
	City	State	Zip Code		FEC Identification Number						
	Wheaton	IL	60187								
	Purpose of Disbursement				C C00451294						
	Contribution Candidate Name			011	Transaction ID: 37389895						
	Republican Operation To Secure And Keep A Majority (F	ROSKAM PAC		Category/ Type	Amount of Each Disbursement this Period						
		ment For:	,	ishe	2500.00						
	Senate	Primary	General								
	President	Other (spec	cify) 🔻		Contribution						
	State: District:	-									
s	UBTOTAL of Disbursements This Page (optional).				8500.00						
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T	OTAL This Period (last page this line number only	/)		••••••	, ,						

S	CHEDULE B (FEC Form 3X)			F		NUMBER: PAGE 180 OF 221					
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck on	ly one)					
			Summary Page		21b						
٨٢	ny information copied from such Reports and State	mente may r	not he sold or us	ed by							
	for commercial purposes, other than using the nati										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporated	PAC (Un	ited for Hea	alth)							
<u> </u>	Full Name (Last, First, Middle Initial)										
Α.	Mike Crapo For Us Senate					Date of Disbursement					
	Mailing Address P.O. Box 1948										
	City	State	Zip Code								
	Boise Purpose of Disbursement	ID	83701								
	Contribution			0	11	C C00330886					
	Candidate Name			Cate	egory/	Transaction ID : 37389896 Amount of Each Disbursement this Period					
	Crapo, Mike, , Sen.,				/pe						
	°	ement For: 2016				2500.00					
	Senate President	Primary Other (spec	General Gifv) ▼			Contribution					
_	State: ID District:		- J/ 			Memo Item					
_	Full Name (Last, First, Middle Initial)										
В.	Collins For Senator					Date of Disbursement					
	Mailing Address PO Box 1096					08 01 2014					
	5	State	Zip Code			FEC Identification Number					
	Bangor Purpose of Disbursement	ME	04402								
	Contribution	011				C C00314575					
	Candidate Name			Cate	egory/	Transaction ID : 37389897 Amount of Each Disbursement this Period					
	Collins, Susan, M., Sen.,				/pe	2000.00					
	Office Sought: House Disburse	ment For: 2 Primary	2014 V General								
	President	Other (spec	ify) General			Contribution					
	State: ME District:	· · ·				Memo Item					
~	Full Name (Last, First, Middle Initial)					Data of Diskursement					
C.	Ann PAC					Date of Disbursement					
	Mailing Address PO Box 3535					08 / D D / Y Y Y Y 08 01 2014					
	City	State	Zip Code			FEC Identification Number					
	Ballwin Purpose of Disbursement	MO	63022								
	Contribution			0	11	C C00531764					
	Candidate Name			Cate	egory/	Transaction ID : 37389899 Amount of Each Disbursement this Period					
	Ann PAC				/pe	1000.00					
	Office Sought: House Disburse Senate	ment For: Primary	General								
	President	Other (spec				Contribution					
	State: District:					Memo Item					
						5500.00					
\vdash	SUBTOTAL of Disbursements This Page (optional).				····· >						
т	OTAL This Period (last page this line number only	′)			····· Þ	, ,					

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 181 OF 221					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	21b	22 X 23 26 27				
Any information copied from such Reports and Sta	tements may not be sold or use	d by any pers	28b 28c 29 30b				
or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
/ UnitedHealth Group Incorporated	PAC (United for Heal	th)					
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. Citizens for Prosperity in America 1	oday PAC						
Mailing Address 228 S Washington Street, Suite	115		08 01 2014				
City	State Zip Code		FEC Identification Number				
Alexandria Purpose of Disbursement	VA 22314						
Void - Citizens for Prosperity in America Today F	PAC: check dated 8/1/2014	011	C C00491654				
Candidate Name			Transaction ID : 37393777				
Citizens for Prosperity in America Today PAC		Category/ Type	Amount of Each Disbursement this Period				
	sement For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 2000.00				
Senate	Primary General						
President	Other (specify) ▼		Void - Citizens for Prosperity in Memo Item America Today PAC; check date				
State: District:			8/1/2014				
Full Name (Last, First, Middle Initial) B. Dresser in a America la Traditional	Date of Disbursement						
Preserving America's Traditions							
Mailing Address 610 S Boulevard			08 01 2014				
City		FEC Identification Number					
Tampa Purpage of Diaburgement	Tampa FL 33606 Purpose of Disbursement						
Contribution		011	C C00383869				
Candidate Name		Catanami	Transaction ID : 37393779 Amount of Each Disbursement this Period				
Preserving America's Traditions		Category/ Type					
Office Sought: House Disburs	sement For:		5000.00				
Senate	Primary General		Contribution				
President	Other (specify)		Memo Item				
State: District:							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Connecticut Democratic State Ce	entral Committee						
Mailing Address 30 Arbor St			08 05 2014				
Suite 404							
City	State Zip Code CT 06106		FEC Identification Number				
Hartford Purpose of Disbursement	CT 06106		\mathbf{c}				
Contribution (federal)		011	C				
Candidate Name		Category/	Transaction ID : 37406510 Amount of Each Disbursement this Period				
	Category Type						
Office Sought: House Disburg	sement For:		5000.00				
Senate	Primary General		Contribution (federal)				
President	Other (specify)		Memo Item				
State: District:							
SURTOTAL of Dichurgoments This Base (antianal)		8000.00				
SUBTOTAL of Disbursements This Page (optional]	••••••					
TOTAL This Period (last page this line number or	ly)						
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 182 OF 221			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)							
/ UnitedHealth Group Incorporated	PAC (Un	nited for Hea	lth)				
Full Name (Last, First, Middle Initial)							
A. Dakota Prairie PAC				Date of Disbursement			
Mailing Address 600 Pennsylvania Ave SE Ste 210		1		08 14 2014			
City Washington	State DC	Zip Code 20003		FEC Identification Number			
Purpose of Disbursement	50	20003		C C00536607			
Contribution			011	Transaction ID : 37425659			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Dakota Prairie PAC Office Sought: House Disburse	ment For:		Туре	5000.00			
Office Sought: House Disburse Senate	Primary	General					
President	Other (spec	cify) 🔻		Contribution Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)							
^{B.} First State PAC				Date of Disbursement			
Mailing Address PO Box 3006				08 14 2014			
City	State DE	Zip Code		FEC Identification Number			
Wilmington Purpose of Disbursement	DE	19804		C C00363648			
Contribution			011	Transaction ID : 37425660			
Candidate Name			Category/	Amount of Each Disbursement this Period			
First State PAC	mont Ferr		Туре	3500.00			
Office Sought: House Disburse Senate	ment For: Primary	General		300.00			
President	Other (spec			Contribution			
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
^{C.} Friends Of Dan Maffei				Date of Disbursement			
Mailing Address PO Box 230				08 14 2014			
City	State	Zip Code		FEC Identification Number			
Syracuse Purpose of Disbursement	NY	13201		C C00417550			
Contribution			011	Transaction ID : 37425661			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Maffei, Daniel, , Mr.,	Туре	2500.00					
	Office Sought: House Disbursement For: 2014 Senate Primary X General						
President		Contribution					
State: NY District: 24	Other (spec	<i></i>		Memo Item			
SUBTOTAL of Disbursements This Page (optional).			······ >	11000.00			
			F				
TOTAL This Period (last page this line number only	/)		▶	, ,			

S	CHEDULE B (FEC Form 3X)				E NUMBER: PAGE 183 OF 221			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or	lly one)			
			Summary Page	211				
				288				
	ny information copied from such Reports and State for commercial purposes, other than using the name							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	alth)				
_	Full Name (Last, First, Middle Initial)							
Α.	Bennet For Colorado				Date of Disbursement			
	Mailing Address PO Box 3078				08 / 14 / 2014			
	City	State	Zip Code		FEC Identification Number			
	Denver	CO	80201					
	Purpose of Disbursement			011	C C00458398			
	Contribution Candidate Name			011	Transaction ID : 37425672			
	Bennet, Michael, , Sen.,			Category/ Type	Amount of Each Disbursement this Period			
		ment For: 2	2016	туре	500.00			
	X Senate	Primary	General					
	State: CO District:	Other (spec	cify) ▼		Contribution Memo Item			
_	Full Name (Last, First, Middle Initial)							
Β.	Bennet For Colorado	Date of Disbursement						
	Mailing Address PO Box 3078				08 14 2014			
	City	State	Zip Code		FEC Identification Number			
	Denver	CO	80201					
	Purpose of Disbursement Contribution			011	C C00458398			
	Candidate Name				Transaction ID : 37425673 Amount of Each Disbursement this Period			
	Bennet, Michael, , Sen.,			Category/ Type	Anount of Lach Disbursement this Fehou			
	Office Sought: House Disburse		2016		2000.00			
	X Senate	Primary	X General		Contribution			
	State: CO District:	Other (spec	cify)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Mario Diaz-Balart For Congress				Date of Disbursement			
	Mailing Address 8770 Sw 72nd Street # 420				08 14 2014			
	City	State	Zip Code		FEC Identification Number			
	Miami Purpose of Disbursement	FL	33173		C C00376087			
	Contribution			011				
	Candidate Name			Category/	Transaction ID : 37425684 Amount of Each Disbursement this Period			
	Diaz-Balart, Mario, , Rep.,	art, Mario, , Rep., Category/ Type						
	Office Sought: X House Disburse	2500.00						
	Senate X	Contribution						
	State: FL District: 25	Other (spec	city) 🔻		Memo Item			
s	CUBTOTAL of Disbursements This Page (optional).			····· •	5000.00			
т	OTAL This Period (last page this line number only	/)		····· ►				

S	CHEDULE B (FEC Form 3X)			FO		NUMBER: PAGE 184 OF 221				
	EMIZED DISBURSEMENTS	Lies concrete cohodula(o)			eck only	one)				
			Summary Page		21b 28a	22 X 23 26 27 28b 28c 29 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the na									
$ \setminus$	NAME OF COMMITTEE (In Full)									
/	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	lth)						
<u>ب</u>	Full Name (Last, First, Middle Initial)									
Α.	Narragansett Bay PAC					Date of Disbursement				
	Mailing Address PO Box 8628					08 / D D / Y Y Y Y 2014				
	City	State	Zip Code			FEC Identification Number				
	Cranston Purpose of Disbursement	RI	02920							
	Contribution			01	1	C C00403592				
	Candidate Name		I	Categ	norv/	Transaction ID: 37425686 Amount of Each Disbursement this Period				
	Narragansett Bay PAC			Typ						
		ment For:				5000.00				
	Senate President	Primary Other (spec	General			Contribution				
	State: District:	Other (spec	siiy) ▼			Memo Item				
_	Full Name (Last, First, Middle Initial)									
В.	Three Rivers Political Action Com		Date of Disbursement							
	Mailing Address 3321 SE 20th Avenue					08 14 2014				
	City Portland	State OR	Zip Code 97202			FEC Identification Number				
	Purpose of Disbursement	-		_	_	C C00473116				
	Contribution			01	1	Transaction ID : 37425687				
	Candidate Name			Categ		Amount of Each Disbursement this Period				
	Three Rivers Political Action Committee Office Sought: House Disburse	ment For:		Тур	be	2500.00				
	Senate	Primary	General							
	President	Other (spec				Contribution				
	State: District:	-								
<u> </u>	Full Name (Last, First, Middle Initial)				Ī	Data of Disburgement				
C.	Van Hollen For Congress					Date of Disbursement				
	Mailing Address 10537 St. Paul Street					08 / D D / Y Y Y Y 2014				
	City	State	Zip Code			FEC Identification Number				
	Kensington Purpose of Disbursement	MD	20895			C C00366096				
	Contribution			01	1					
	Candidate Name			Cate	aory/	Transaction ID: 37425688 Amount of Each Disbursement this Period				
	Van Hollen, Chris, , Rep.,		pe	2500.00						
	Senate President	Primary Other (spec	General			Contribution				
	State: MD District: 08		···· <i>j</i> / V			Memo Item				
s	CUBTOTAL of Disbursements This Page (optional).			·····	•••• ►	10000.00				
T T	OTAL This Period (last page this line number only	<u></u>								
L '	- The Third funct page this into humber only	,			···· 🕨					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)				NUM one	IBER:	:		P	AGE	185 OF 221
		for each category of the Detailed Summary Page			21b 28a		, 22 28b	X	23 28c	26		27 30b
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used ress of any political	d by cor	any	pers	on fo solie	r the	purp ntrib	ose of	soliciti	ng c ich c	contributions
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporate	ed PAC (U	nited for Healt	th)									
Full Name (Last, First, Middle Initial) A. Friends of Joe Heck								f Dis	bursen	_	v	vvv
Mailing Address PO Box 750114								05 / 09 / 2014				
City Las Vegas	State NV	Zip Code 89136				FI	EC Id	entif	ication	Numbe	er	
Purpose of Disbursement						C)	C00	468421		1	
Contribution Funds Reported On <june 20th="" f<br="">Candidate Name</june>	EC Report>)11					ction I			
Heck, Joseph, , Rep.,				egory ype	//	A	moun	t of	Each D	isburs	emer	nt this Period
	ursement For:	2014 General		урс					_	-		1000.00
State: NV District: 03	esident Other (specify) V					Contribution Funds Reported On × Memo Item <june 20th="" fec="" report=""></june>						
Full Name (Last, First, Middle Initial)												
^{B.} Friends of Joe Heck						_	ate of	f Dis	bursen	_	Y	Y Y Y
Mailing Address PO Box 750114							08 19 2014					
City Las Vegas	State NV						EC Id	entif	ication	Numbe	er	
Purpose of Disbursement Contribution Re-designated funds for trans. dated 5/9/2014 011								C00	468421			
Contribution Re-designated funds for trans. da Candidate Name	1100 5/9/2014	L	-			Transaction ID : 37446076						
Heck, Joseph, , Rep.,				egory ype	//	Amount of Each Disbursement this Period						
Office Sought: X House Disb	ursement For:	2014		,,							1000.00	
Senate President	Primary Other (spe	General ccify)				×	Me	emo	٤.			Re-designated fun ted 5/9/2014
State: NV District: 03												
Full Name (Last, First, Middle Initial)C. Democratic Party of Wisconsin	- Federal A	Account				D	ate of	f Dis	bursen			
Mailing Address 15 N Pinckney Suite 200							08	/	25			2014
City Madison	State WI	Zip Code 53703				FI	EC Id	entif	ication	Numbe	er	
Purpose of Disbursement			-	-		C)					
Contribution Candidate Name	bution 01 ² ate Name Categ					Transaction ID : 37453205 Amount of Each Disbursement this Period						
Office Sought: House Disb	ursement For:		1	ype		Г						2500.00
Senate President	Senate Primary General					ĥ	Me	emo		Contribu	ition	- 48-
State: District:												
SUBTOTAL of Disbursements This Page (option	nal)								<u>, , , , , , , , , , , , , , , , , , , </u>			2500.00
TOTAL This Period (last page this line number	only)								,	,		

CHEDULE B (FEC Form 3X)			FO	FOR LINE NUMBER: PAGE 186 OF 221								
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	Detailed		21b		22 X 23 26 27							
				28		28b		28c		29	30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na												
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)									
٨	Full Name (Last, First, Middle Initial)											
		Date of	/	D	D /	Y	YY	Y				
Mailing Address 15 N Pinckney Suite 200						08		2	5		2014	
City	State	Zip Code				FEC Ide	entif	icatio	n Nur	nber		
Madison Purpose of Disbursement	WI	53703			_		-					
Contribution			01	11		С						
Candidate Name								ction				
			Cate Ty			Amount	of	Each	Disbu	irseme	ent this P	
	ment For:							,		,	2500.00	J
Senate President		Primary General Other (specify) v					Contribution Memo Item					
State: District:	-											
Full Name (Last, First, Middle Initial)												
^{3.} Alexander for Senate 2014 Inc		Date of	Dis		ement	Y	YY	Y				
Mailing Address 228 S. Washington Street, Suite		08	5	2	5	L	2014					
City		FEC Ide	entif	icatio	n Nur	nber						
Alexandria												
Purpose of Disbursement Contribution			0,	11		С	C00	38374	15			
Candidate Name						Transaction ID : 37453207 Amount of Each Disbursement this Period						
Alexander, Lamar, , Sen.,			Cate Ty									
	ment For:	2014	ТУ	he	_						2500.0	0
X Senate	Primary	General						7		,	1 485	1
President	Other (spe					—			Cont	ibutio	า	
State: TN District:		.,				Me	mo	Item				
Full Name (Last, First, Middle Initial)						Date of	Dis	sburse	ement			
-						M M	/	D	D /	Y	YY	Y
Mailing Address							ĺ	Ĺ	5,	Ľ		
City	State	Zip Code				FEC Ide	entif	icatio	n Nur	nber		
Purpose of Disbursement			-			С						
Candidate Name Category. Type						Amount	of	Each	Disbu	irseme	ent this P	eriod
Office Sought: House Disburse	ement For:	I			\neg							
Senate	Primary	General						7		1-		
President	Other (spe	cify) 🔻				Me	mo	Item				
State: District:												
SUBTOTAL of Disbursements This Page (optional).										-	5000.0	0
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IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			eck only				
			Summary Page		21b 	22 23 26 27 28b 28c X 29 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na					on for the purpose of soliciting contributions			
\setminus	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)					
_	Full Name (Last, First, Middle Initial)								
Α.	Committee to Elect Ross Miller					Date of Disbursement			
	Mailing Address 10120 South Eastern Suite 200	08 01 Y Y Y Y Y 2014							
	City	State	Zip Code			FEC Identification Number			
	Henderson	NV	89052						
	Purpose of Disbursement			01	1	C			
	Contribution Candidate Name					Transaction ID : 37389904			
	Miller, Ross, , ,			Cate Ty		Amount of Each Disbursement this Period			
		ment For:		ТУ	pe	2000.00			
	Senate	Primary	General						
	President	Other (spe	cify) 🔻			Contribution Memo Item			
	State: District:	1							
	Full Name (Last, First, Middle Initial)								
В.	Otter for Idaho	Date of Disbursement							
	Mailing Address PO Box 1456					08 01 2014			
	City State Zip Code					FEC Identification Number			
	Boise ID 83701 Purpose of Disbursement					0			
	Contribution		11	С					
	Candidate Name			Cate	aon//	Transaction ID : 37389913 Amount of Each Disbursement this Period			
	Otter, Butch, , ,			Ty	<u> </u>				
	Office Sought: House Disburse	ment For:	I			5000.00			
	Senate	Primary	General			Contribution			
	President	Other (spec	cify)			Memo Item			
	State: District:								
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement			
0.	Todd Hunter Campaign								
	Mailing Address 445 Cape Henry					08 / 01 / Y Y Y Y 2014			
	City	State	Zip Code						
	Corpus Christi	ТХ	78412			FEC Identification Number			
	Purpose of Disbursement				-	C			
	Contribution	didate Name Category/							
	Hunter, Todd, , TX Rep., Office Sought: House Disburse	ment For:		Ту	he	2000.00			
	Senate	Primary	General						
	President	Other (spe				Contribution			
	State: District:	1				Memo Item			
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ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only			
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or for com	nmercial purposes, other than using the na				on for the purpose of soliciting contributions solicit contributions from such committee.		
	OF COMMITTEE (In Full)						
/	edHealth Group Incorporated	PAC (Ur	nited for Hea	lth)			
	ame (Last, First, Middle Initial)				Date of Disburg month		
A. Brad	I Little for Idaho				Date of Disbursement		
Mailing	Address PO Box 2664				08 / D D / Y Y Y Y 2014		
City		State	Zip Code		FEC Identification Number		
Boise		ID	83701				
•	e of Disbursement			011	С		
	ibution ate Name				Transaction ID : 37406521		
Little, B				Category/ Type	Amount of Each Disbursement this Period		
		ement For:		iyhe	500.00		
'	Senate	Primary	General				
	President	Other (spe	cify) ▼		Contribution		
State:	District:						
	ame (Last, First, Middle Initial)						
B. Frier	nds of Phil Bryant		Date of Disbursement				
	•						
	Address PO Box 321226			08 05 2014			
City	od	State MS	Zip Code 39232		FEC Identification Number		
Flowoo	e of Disbursement		0				
•	ibution			011	C Transaction ID : 37406532 Amount of Each Disbursement this Period		
	ate Name			Category/			
Bryant,	Phil, , ,			Type			
Office \$		ement For:			500.00		
	Senate	Primary	General		Contribution		
State:	District:	Other (spe	сіту)		Memo Item		
<u>^</u>	ame (Last, First, Middle Initial)				Date of Disbursement		
Frier	nds of Tate Reeves						
Mailing	Address PO Box 24355				08 05 2014		
City		State	Zip Code		EEC Identification Number		
Jackso		MS	39225		FEC Identification Number		
•	e of Disbursement				С		
	ibution			011	Transaction ID : 37406539		
	ate Name	Category/	Amount of Each Disbursement this Period				
	s, Tate, , , Sought: House Disburse	ement For:		Туре	500.00		
0.1100 (Senate						
	President	Primary Other (spe	General cify) ▼		Contribution		
State:	District:	· · ·			Memo Item		
				I			
SUBTOT	AL of Disbursements This Page (optional)			•••••• •	1500.00		
TOTAL T	This Period (last page this line number only	y)		••••••			

SC	CHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 189 OF 221				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)				
			Summary Page		1b 22 23 26 27 8a 28b 28c x 29 30b				
A .	information conied from such Dependence 101.1								
	y information copied from such Reports and State for commercial purposes, other than using the na								
\backslash	NAME OF COMMITTEE (In Full)								
\backslash	UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)					
_	Full Name (Last, First, Middle Initial)								
Α.	Bobby B. Howell Campaign				Date of Disbursement				
	Mailing Address PO Box 213								
	City	State	Zip Code		FEC Identification Number				
	Kilmichael	MS	39747						
	Purpose of Disbursement			014	C				
	Contribution			011	Transaction ID : 37406580				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Howell, Bobby, B., MS Rep., Office Sought: House Disburse	ement For:		Туре	500.00				
	Senate	7	General						
	President	Primary Other (spec			Contribution				
	State: District:		sily) v		Memo Item				
	Full Name (Last, First, Middle Initial)								
В.	Dean Kirby Campaign				Date of Disbursement				
	Mailing Address PO Box 54099				08 05 2014				
	City	FEC Identification Number							
	Pearl								
	Contribution	e of Disbursement 011							
	Candidate Name				Transaction ID : 37406586 Amount of Each Disbursement this Period 500.00				
	Kirby, Dean, , MS Sen.,			Category/ Type					
	Office Sought: House Disburse	ement For:							
	Senate	Primary	General		Contribution				
	President	Other (spec	cify)						
	State: District:								
~	Full Name (Last, First, Middle Initial)								
C.	Herb Frierson Campaign				Date of Disbursement				
	Mailing Address 12 Trailwood Lane				08 / D D / Y Y Y Y 2014				
	City	State	Zip Code						
	Poplarville	MS	39470		FEC Identification Number				
	Purpose of Disbursement								
	Contribution		Transaction ID : 37406588						
	Candidate Name		Amount of Each Disbursement this Period						
		rierson, Herb, , MS Rep., Category/ Type							
	Senate								
	President	Other (spec			Contribution				
	State: District:		<i>,</i> , ,		Memo Item				
s	UBTOTAL of Disbursements This Page (optional).				1500.00				
т	OTAL This Period (last page this line number only	/)							

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 190 OF 221			
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated I	PAC (Un	ited for Healt	th)				
Full Name (Last, First, Middle Initial)							
A. Hob Bryan Campaign				Date of Disbursement			
Mailing Address PO Box 75	M M / D / Y						
City	State	Zip Code		FEC Identification Number			
Armory	MS	38821					
Purpose of Disbursement			011	С			
Contribution			011	Transaction ID : 37406590			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Bryan, Hob, , MS Sen., Office Sought: House Disburser	ment For:		Туре	500.00			
Senate	Primary	General					
President	Other (spec						
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)							
^{B.} Kenny Wayne Jones Campaign	Date of Disbursement						
Mailing Address 214 N West St							
5	State MS	Zip Code		FEC Identification Number			
Canton Purpose of Disbursement	IVIO	39046		0			
Contribution			011	С			
Candidate Name			Category/	Transaction ID : 37406602 Amount of Each Disbursement this Period			
Jones, Kenneth, , MS Sen.,			Type				
Office Sought: House Disburser	ment For:	i		500.00			
Senate	Primary	General		Contribution			
President District:	Other (spec	cify)		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
C. Philip Gunn Campaign							
Mailing Address PO Box 1159				08 05 2014			
City	State	Zip Code		FEC Identification Number			
Clinton	MS	39060					
Purpose of Disbursement			011	С			
Contribution Candidate Name			011	Transaction ID : 37406604 Amount of Each Disbursement this Period			
Gunn, Philip, , MS Rep.,	Category/						
Office Sought: House Disburser	ment For:		Туре	500.00			
Senate							
President	Other (spec	cify) ▼		Contribution			
State: District:							
SUBTOTAL of Disbursements This Page (optional)			······ •	1500.00			
TOTAL This Period (last page this line number only))		••••••	, ,			

	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 191 OF 22			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b	y one) 22 23 26 27			
		Detalleu	Summary Fage	28a	28b 28c 🗙 29 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na							
\setminus	NAME OF COMMITTEE (In Full)							
\vee	UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)				
_	Full Name (Last, First, Middle Initial)				Dete of Disburgement			
Α.	Willie Simmons Campaign				Date of Disbursement			
	Mailing Address PO Box 891	08 05 2014						
	City	State	Zip Code		FEC Identification Number			
	Cleveland	MS	38732					
	Purpose of Disbursement			011	C			
	Contribution Candidate Name			UTT	Transaction ID : 37406606			
				Category/	Amount of Each Disbursement this Period			
	Simmons, Willie, , Senator, Office Sought: House Disburse	ement For:		Туре	500.00			
	Senate	Primary	General					
	President	Other (spe			Contribution			
	State: District:		(), (), (), (), (), (), (), (), (), (),		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	Citizens for Hottinger				Date of Disbursement			
	Mailing Address 2135 Horns Hill Road				08 11 2014			
	City		FEC Identification Number					
	Newark		C					
	Void - Citizens for Hottinger	rpose of Disbursement						
	Candidate Name				Transaction ID : 37418801 Amount of Each Disbursement this Period			
	Hottinger, Jay, , ,			Category/ Type				
		ement For:		турс	- 750.00			
	Senate	Primary	General					
	President	Other (spec			Void - Citizens for Hottinger			
	State: District:		.,		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	RAAMPAC				Date of Disbursement			
	Mailing Address PO Box 158213				08 12 2014			
	City	State	Zip Code		EEC Identification Number			
	Nashville	TN	37215		FEC Identification Number			
	Purpose of Disbursement							
	Contribution			011	Transaction ID : 37421557			
	Candidate Name	andidate Name Category/ Type						
	Office Sought: House Disburse							
	Senate							
	President	Other (spe			Contribution			
	State: District:		- ,, .		Memo Item			
	1							
s	UBTOTAL of Disbursements This Page (optional).			····· ►	2250.00			
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ITEMIZED DIS	BURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
					on for the purpose of soliciting contributions solicit contributions from such committee.		
	IITTEE (In Full)						
/ UnitedHealt	h Group Incorporated	PAC (Ur	nited for Hea	lth)			
٨	First, Middle Initial)				Date of Disbursement		
Committee to	o Elect Benny Shendo	Jr					
Mailing Address F	PO Box 634				08 14 2014		
City		State	Zip Code		FEC Identification Number		
Jemez Pueblo		NM	87024				
Purpose of Disbur	rsement			011	C		
Contribution Candidate Name					Transaction ID: 37426103		
Shendo, Benny, , N	M Sen Ir			Category/ Type	Amount of Each Disbursement this Period		
Office Sought:		ement For:		туре	250.00		
	Senate	Primary	General				
	President	Other (spe	cify) 🔻		Contribution		
State:	District:						
· · ·	First, Middle Initial)						
B. Committee	to Elect Debbie Rode	Date of Disbursement					
Mailing Address	16 Private Drive 1156		08 / 14 / Y Y Y Y 2014				
City		State	Zip Code		FEC Identification Number		
Espanola Purpose of Disbur	rsement	NM	87532				
Contribution	Schent			011	С		
Candidate Name				Category/	Transaction ID : 37426109 Amount of Each Disbursement this Period		
Rodella, Debbie, , R	Representa,			Type			
Office Sought:	House Disburse	ement For:	1		250.00		
	Senate	Primary	General		Contribution		
O . 1	President	Other (spe	cify)		Memo Item		
State:	District:						
•	First, Middle Initial) to Elect Gail Chasey				Date of Disbursement		
	1206 Las Lomas NE				M M / D D / Y		
City		State	Zip Code				
Albuquerque		NM	87106		FEC Identification Number		
Purpose of Disbur	rsement				С		
Contribution		011	Transaction ID : 37426191				
Candidate Name			Category/	Amount of Each Disbursement this Period			
Chasey, Gail, , Rep			Туре	500.00			
Office Sought:	House Disburs		500.00				
	Senate President	Primary Other (spe	General		Contribution		
State:	District:	Curor (spe	uiy) ▼		Memo Item		
SUBTOTAL of Disb	ursements This Page (optional)			····· •	1000.00		
TOTAL This Period	(last page this line number onl	y)		••••••			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only	
		category of the Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (Un	ited for Hea	lth)	
Full Name (Last, First, Middle Initial) A. Committee to Elect George Munoz				Date of Disbursement
Mailing Address PO Box 2679				08 / D D / Y Y Y Y 2014
Gallup	State NM	Zip Code 87305		FEC Identification Number
Purpose of Disbursement				C
Contribution			011	Transaction ID : 37426204
Candidate Name			Category/	Amount of Each Disbursement this Period
Munoz, George, , NM Sen.,			Туре	200.00
Office Sought: House Disburse Senate President Image: Senate	ment For: Primary Other (spec	General cify) ▼		300.00 Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial) B. Committee to Elect Hector Baldera Mailing Address PO Box 26629		Date of Disbursement		
Albuquerque	State NM	Zip Code 87125		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name	0			C Transaction ID : 37426206 Amount of Each Disbursement this Period
Balderas, Hector, , ,			Category/ Type	
Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify)		500.00 Contribution Memo Item
Full Name (Last, First, Middle Initial)				
C. Committee to Elect John Arthur Sr	nith			Date of Disbursement
Mailing Address 705 Arnold Street		_		08 14 2014
,	State	Zip Code		FEC Identification Number
Lordsburg	NM	88045		
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 37426219
Smith, John, , Senator,			Category/	Amount of Each Disbursement this Period
	ment For:		Туре	250.00
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			r	1050.00

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	FOR LINE (check only 21b	
	y information copied from such Reports and Stater	ments may r	not be sold or use		
or	for commercial purposes, other than using the nan	ne and addr	ess of any politic	al committee to	solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated I	PAC (Un	ited for Hea	lth)	
Α.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Ken Martinez	,			Date of Disbursement
	Mailing Address PO Box 730	-			M M / D D / Y
	City Grants	State NM	Zip Code 87020		FEC Identification Number
	Purpose of Disbursement				С
	Contribution			011	Transaction ID : 37426230
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Martinez, W., Ken, NM Rep., Jr.			Туре	1000.00
	Office Sought: House Disburser Senate President	Primary	General		4200.00 Contribution
	State: District:	Other (spec	any) ▼		Memo Item
_	Full Name (Last, First, Middle Initial)				
B.	Committee to Elect Michael Sanchez				Date of Disbursement
	Mailing Address 3 Bunton Road				08 14 2014
	City : Belen	State NM	Zip Code 87002		FEC Identification Number
	Purpose of Disbursement		07002		С
	Contribution			011	
	Candidate Name			Category/	Transaction ID : 37426251 Amount of Each Disbursement this Period
	Sanchez, Michael, , Senator,			Туре	
		ment For:			500.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	iry)		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Committee to Elect Nate Gentry				Date of Disbursement
	Mailing Address 3716 Andrew Dr NE				08 14 2014
	City	State	Zip Code		FEC Identification Number
	Albuquerque	NM	87110		
	Purpose of Disbursement			011	С
	Contribution Candidate Name				Transaction ID : 37426289
	Gentry, Nate, , NM Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			•••••	5200.00
Т	OTAL This Period (last page this line number only))		••••••	

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 195 OF 221		
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	-		
	y information copied from such Reports and States for commercial purposes, other than using the nar						
\backslash	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	th)			
	Full Name (Last, First, Middle Initial)						
Α.	Committee to Elect Nora Espinoza				Date of Disbursement		
	Mailing Address 608 Golondrina				08 / D D / Y Y Y Y Y 2014		
	City Roswell	State NM	Zip Code 88201		FEC Identification Number		
	Purpose of Disbursement		00201		С		
	Contribution			011			
	Candidate Name			Category/	Transaction ID : 37426295 Amount of Each Disbursement this Period		
	Espinoza, Nora, , NM Rep.,			Туре			
		ment For:			500.00		
	Senate President	Primary Other (apor	General		Contribution		
	State: District:	Other (spec	city) 🔻		Memo Item		
	Full Name (Last, First, Middle Initial)						
B.	Committee to Elect Phil Griego				Date of Disbursement		
	Mailing Address PO Box 10				08 14 2014		
	,	State	Zip Code		FEC Identification Number		
	San Jose Purpose of Disbursement	NM	87565		0		
	Contribution			011	С		
	Candidate Name			Category/	Transaction ID: 37426304 Amount of Each Disbursement this Period		
	Griego, Phil, , Senator,			Type			
	Office Sought: House Disburser	ment For:	·		250.00		
	Senate	Primary	General		Contribution		
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	Full Name (Last, First, Middle Initial)						
C.	· · · · · · · · · · · · · · · · · · ·				Date of Disbursement		
	Committee to Elect Richard Martin	iez			M M / D D / Y Y Y Y		
	Mailing Address PO Box 762				08 14 2014		
	City	State	Zip Code		FEC Identification Number		
	Espanola	NM	87532				
	Purpose of Disbursement			011	C		
	Contribution Candidate Name	011			Transaction ID : 37426321		
	Martinez, Richard, , Senator,			Category/ Type	Amount of Each Disbursement this Period		
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	250.00		
	Senate	Primary	General		Contribution		
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NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)	
Full Name (Last, First, Middle Initial) A. Committee to Elect James Roger M	adalena .	Jr		Date of Disbursement
Mailing Address PO Box 255				M M / D D / Y
City Jemez Pueblo	State NM	Zip Code 87024		FEC Identification Number
Purpose of Disbursement				С
Contribution			011	Transaction ID : 37426323
Candidate Name			Category/	Amount of Each Disbursement this Period
Madalena, James, , Representa,			Туре	750.00
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
^{B.} Alario PAC				
Mailing Address 1063 Muller Parkway	Mailing Address 1063 Muller Parkway			
City	State	Zip Code		FEC Identification Number
Westwego Purpose of Disbursement	LA	70094		
Contribution			011	С
Candidate Name			Category/ Type	Transaction ID : 37443447 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify)		1000.00 Contribution Memo Item
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C. Campaign to Elect Lance Harris S Mailing Address 4824 Porter Circle	State Rep	presentative		Date of Disbursement
City	State	Zip Code		
Alexandria	LA	71303		FEC Identification Number
Purpose of Disbursement				С
Contribution Candidate Name	Contribution			Transaction ID : 37443449 Amount of Each Disbursement this Period
Harris, Lance, , LA Rep.,			Туре	050.00
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		250.00 Contribution Memo Item
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<u></u>	commercial purposes, other than using the na	me and add	ress of any politica	al committee to	solicit contributions from such committee.	
	NE OF COMMITTEE (In Full)		ited for Usel	+b)		
/	nitedHealth Group Incorporated		inted for Heal	u1)		
•	Name (Last, First, Middle Initial)				Date of Disbursement	
Λ · Ηα	ouse Democratic Caucus					
Mail	ing Address 701 Government St				08 18 2014	
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	on Rouge bose of Disbursement	LA	70802			
	pose of Disbursement			011	С	
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Jun				Category/ Type	Amount of Each Disbursement this Period	
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D	Name (Last, First, Middle Initial)				Date of Disbursement	
- Er	ic LaFleur Campaign Committe	е				
Mail	ing Address PO Box 617	08 18 2014				
City		State	Zip Code		FEC Identification Number	
	Platte	LA	70586			
	portribution			011	C	
	didate Name			Category/	Transaction ID : 37443452 Amount of Each Disbursement this Period	
LaF	leur, Eric, , LA Sen.,			Type	Anount of Each Dispursement this Fehou	
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~	iends of Erich Ponti Campaign I	Fund			Date of Disbursement	
Mail	ing Address 2133 Silverside Ste A				08 18 2014	
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	on Rouge pose of Disbursement	LA	70808		0	
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Por	nti, Erich, , LA Rep.,			Category/ Type	Amount of Each Disbursement this renou	
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	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	th)			
_	Full Name (Last, First, Middle Initial)						
Α.	Jack Donahue Campaign Fund				Date of Disbursement		
	Mailing Address PO Box 896				08 / D J Y		
	City	State	Zip Code		FEC Identification Number		
	Mandeville Purpose of Disbursement	LA	70470				
	Contribution			011	С		
	Candidate Name				Transaction ID : 37443456		
	Donahue, Jack, , LA Sen.,			Category/ Type	Amount of Each Disbursement this Period		
		ment For:		71	750.00		
	Senate	Primary	General				
	President	Other (spec	cify) 🔻		Contribution Memo Item		
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D	Full Name (Last, First, Middle Initial)				Data of Disburgement		
B.	John Bel Edwards Campaign Fun	d			Date of Disbursement		
	Mailing Address PO Box 1115				08 / D D / Y Y Y Y Y 08 18 2014		
	City	State	Zip Code		FEC Identification Number		
	Amite LA 70422						
	Purpose of Disbursement Contribution			011	С		
	Candidate Name				Transaction ID : 37443458		
	Edwards, John, Bel, ,			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:			250.00		
	Senate	Primary	General		Contribution		
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C.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
0.	Kleckley PAC						
	Mailing Address PO Box 4085				08 / D D / Y Y Y Y 2014		
	City	State	Zip Code		EEC Identification Number		
	Lake Charles	LA	70606		FEC Identification Number		
	Purpose of Disbursement				C		
	Contribution Candidate Name			011	Transaction ID: 37443461		
				Category/ Type	Amount of Each Disbursement this Period		
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NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	PAC (Ur	nited for Healt	th)	
Full Name (Last, First, Middle Initial) A. Republican Legislative Delegation C 	ampaign	Committee In	с	Date of Disbursement
Mailing Address PO Box 44422				M M / D D / Y
City Baton Rouge	State LA	Zip Code 70804		FEC Identification Number
Purpose of Disbursement				С
Contribution			011	Transaction ID : 37443462
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General General		1000.00 Contribution
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Full Name (Last, First, Middle Initial)				
^{B.} Friends of Scott Simon				Date of Disbursement
Mailing Address PO Box 1297				08 18 2014
City Abita Springs	State LA	Zip Code 70420		FEC Identification Number
Purpose of Disbursement				С
Contribution			011	Transaction ID : 37443469
Candidate Name			Category/	Amount of Each Disbursement this Period
Simon, Scott, , LA Rep.,			Туре	
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General Cify)		500.00 Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial) C. Vision PAC				Date of Disbursement
Mailing Address PO Box 740338				08 18 2014
City New Orleans	State LA	Zip Code 70174		FEC Identification Number
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		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
> UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)		
Full Name (Last, First, Middle Initial)					
A. Committee to Elect Millie Hamner				Date of Disbursement	
Mailing Address PO Box 1304				M M / D D / Y	
City Frisch	State CO	Zip Code 80443		FEC Identification Number	
Purpose of Disbursement	00	00443			
Contribution			011	C	
Candidate Name			Orthograph	Transaction ID : 37447310 Amount of Each Disbursement this Period	
Hamner, Millie, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period	
	ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200.00	
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^{B.} Citizens to Elect Terri Carver for H	HD 20			Date of Disbursement	
Mailing Address PO Box 7616				08 19 2014	
City	State	Zip Code		FEC Identification Number	
Colorado Springs	CO	80933			
Purpose of Disbursement Contribution			011	С	
Candidate Name				Transaction ID : 37447484	
Carver, Terri, , ,			Category/ Type	Amount of Each Disbursement this Period	
	ement For:		Турс	200.00	
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Full Name (Last, First, Middle Initial)					
C. Bernie Herpin for Senate District	11			Date of Disbursement	
Mailing Address PO Box 76521				08 19 2014	
Maining Address FO BOX 70321					
City	State	Zip Code		FEC Identification Number	
Colorado Springs	CO	80970			
Purpose of Disbursement Contribution			011	С	
Candidate Name				Transaction ID : 37447517	
Herpin, Bernie, , CO Sen.,			Category/ Type	Amount of Each Disbursement this Period	
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	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)		
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Α.	Friends of Dominick Moreno					
	Mailing Address 5821 Tichy Blvd				08 19 2014	
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	Mailing Address PO Box 27424				08 19 2014	
	City	State	Zip Code		FEC Identification Number	
	Denver	СО	80227			
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с . _{Јс}	ohn Keyser for HD25					Date of Disbursement		
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	UnitedHealth Group Incorporated	PAC (Un	ited for Hea	lth)		
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Α.	Citizens for Kevin Grantham					Date of Disbursement
	Mailing Address 318 W Circle Drive					08 / D D / Y Y Y Y 2014
	City	State	Zip Code			FEC Identification Number
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B.	Kevin Van Winkle for Colorado					Date of Disbursement
	Mailing Address 9817 Chatswood Trail		08 19 2014			
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	Highlands Ranch Purpose of Disbursement	CO	80126			
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C.	Committee to Elect Larry Crowder	-				Date of Disbursement
	Mailing Address 0777 N Rd. 102					M M / D D / Y
	City	State	Zip Code			EEC Identification Number
	Alamosa	CO	81101			FEC Identification Number
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/ UnitedHealth Group Incorporated	PAC (Ur	ited for Healt	th)				
Full Name (Last, First, Middle Initial)				Date of Disbursement			
A. Committee to Elect Leroy Garcia							
Mailing Address 41 Potero Drive				08 19 2014			
City	State CO	Zip Code		FEC Identification Number			
Pueblo Purpose of Disbursement		81005					
Contribution			011	С			
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Garcia, Leroy, , , Jr.			Category/ Type	Amount of Each Disbursement this Period			
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				08 20 2014			
Maining Address PO Box 16966	Mailing Address PO Box 16966						
City	State TN	Zip Code 38186		FEC Identification Number			
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C. Friends of David Shepard				Date of Disbursement			
Mailing Address 204 McCreary Heights				08 / D D / Y Y Y Y 20 2014			
City	State	Zip Code		FEC Identification Number			
Dickson	TN	37055					
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Full Name (Last, First, Middle Initial)							
A. John Stevens for Senate				Date of Disbursement			
Mailing Address PO Box 399				08 / D / Y			
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Huntington	TN	38344					
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^{B.} Matheny Re-Elect Campaign				Date of Disbursement			
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Tullahoma Purpose of Disbursement	TN	37388					
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Senator Mike Bell Re-Elect Campa	aign						
Mailing Address 261 County Road 757				08 20 2014			
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Riceville	TN	37370					
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Bell, Mike, , TN Sen.,			Category/ Type	Amount of Each Disbursement this Period			
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SCHEDULE B (FEC Form 3X)			FO	R LINF	NUMBER: PAGE 207 OF 221			
ITEMIZED DISBU	Use sepa for each	-	eck only	/ one)					
			Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b			
Anne information to the			ant has sold						
or for commercial purpos	es, other than using the na	ame and add	ress of any politica	al comr	mittee to	on for the purpose of soliciting contributions of solicit contributions from such committee.			
	EE (In Full)								
/ UnitedHealth G	Group Incorporated	PAC (Ur	nited for Hea	lth)					
Full Name (Last, First,	, Middle Initial)								
A. Sexton for State	Representative					Date of Disbursement			
Mailing Address 186 H	lomestead Drive					08 / D D / Y Y Y Y 20 / 2014			
City		State	Zip Code			FFC Identification Number			
Crossville		TN	38555			FEC Identification Number			
Purpose of Disbursem	ent	1			_	С			
Contribution				01	1	Transaction ID : 37447827			
Candidate Name				Categ		Amount of Each Disbursement this Period			
Sexton, Cameron, , TN R				Тур	pe	750.00			
Office Sought:	House Disburse	ement For:				750.00			
	President	Primary	General			Contribution			
State: Dist	trict:	Other (spec	uiy) ▼			Memo Item			
Full Name (Last, First,									
^{B.} White Re-Elect	,					Date of Disbursement			
Mailing Address 1661 Ste 3			08 20 2014						
City Memphis		State TN	Zip Code 38120			FEC Identification Number			
Purpose of Disbursem	ent					С			
Contribution				01	1	Transaction ID : 37447828 Amount of Each Disbursement this Period			
Candidate Name				Categ	orv/				
White, Mark, , TN Rep.,				Тур					
Office Sought:		ement For:				500.00			
	Senate	Primary	General			Contribution			
State: Dist	President	Other (spec	сіту)			Memo Item			
	Middle Initial)								
Full Name (Last, First, C. Device Debertee	,					Date of Disbursement			
 Dave Robertso 	on for State Senate								
Mailing Address PO B	ox 181					08 22 2014			
City		State	Zip Code			EEC Identification Number			
Grand Blanc		MI	48480			FEC Identification Number			
Purpose of Disbursem	ent			_		C			
Contribution		1	Transaction ID : 37452936						
Candidate Name	lidate Name Category/ ertson, David, Byres, MI Sen., Type					Amount of Each Disbursement this Period			
Office Sought:		ement For:		iyp	be	250.00			
	Senate	Primary	General						
	President	Other (spec				Contribution			
State: Dist	trict:		- , , ,			Memo Item			
	1								
SUBTOTAL of Disburse	ments This Page (optional)				···· Þ	1500.00			
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SCHEDULE B (FEC F	-	llee cons	arate schedule(s)		IE NUMBER: PAGE 208 OF 221	
ITEMIZED DISBURSEM	FINIZED DISBURSEMENTS				nly one)  b 22 23 26 27 3a 28b 28c X 29 30b	
					erson for the purpose of soliciting contributions to solicit contributions from such committee.	
│ NAME OF COMMITTEE (In Ful	)					
UnitedHealth Group I	ncorporated	PAC (Ur	nited for Hea	lth)		
Full Name (Last, First, Middle Ir	nitial)					
A. Citizens Supporting To	ry Rocca				Date of Disbursement	
Mailing Address 12481 Starlite C	•				08 / 22 / Y Y Y 2014	
City		State	Zip Code		FEC Identification Number	
Sterling Heights		MI	48312			
Purpose of Disbursement						
Contribution				011	Transaction ID : 37452937	
Candidate Name				Category/	Amount of Each Disbursement this Period	
Rocca, Tory, M., MI Sen.,				Туре	500.00	
Office Sought: House	Disburse	ement For:			500.00	
Senate	.	Primary	General		Contribution	
State: District:	n	Other (spec	ciiy) 🔻		Memo Item	
Full Name (Last, First, Middle Ir	vitial)					
D	,	4-4-			Date of Disbursement	
Joe Haveman for Star	te Represen	tative				
Mailing Address PO Box 457	Mailing Address PO Box 457					
City		State	Zip Code		FEC Identification Number	
Zeeland		MI	49464			
Purpose of Disbursement				011	C	
Contribution Candidate Name					Transaction ID : 37452938	
Haveman, Joseph, , MI Rep.,				Category/	Amount of Each Disbursement this Period	
Office Sought: House	Disburg	ement For:		Туре	250.00	
Senate		Primary	General			
Presiden	ıt 📙 🤶	Other (spec			Contribution	
State: District:					Memo Item	
Full Name (Last, First, Middle Ir	nitial)					
c. Committee to Elect Ti					Date of Disbursement	
Mailing Address PO Box 14105					08 22 2014	
City		State	Zip Code		FEC Identification Number	
Lansing		MI	48901			
Purpose of Disbursement						
Contribution			011	Transaction ID : 37452939		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Greimel, Tim, A., MI Rep.,	im, A., MI Rep., Typ				500.00	
Office Sought: House	Disburse	ement For:	Constal		500.00	
Senate Presiden		Primary Other (spec	General		Contribution	
State: District:		Other (spec	Giry) ▼		Memo Item	
District.						
SUBTOTAL of Disbursements Thi	s Page (optional)			•••••	1250.00	
TOTAL This Period (last page this	s line number only	y)		•••••		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 209 OF 221			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			
		Summary Page	21b	22         23         26         27           28b         28c         X         29         30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)							
VinitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)				
Full Name (Last, First, Middle Initial)							
A. Committee to Elect Tom Cochran to	Date of Disbursement						
Mailing Address 418 Coppersmith Drive				08         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City Mason	State MI	Zip Code 48854		FEC Identification Number			
Purpose of Disbursement			_	С			
Contribution			011	Transaction ID : 37452940			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Cochran, William, T., MI Rep.,			Туре	250.00			
Office Sought: House Disburse	ement For: Primary	General		230.00			
President	Other (spec			Contribution			
State: District:		- , , ,		Memo Item			
Full Name (Last, First, Middle Initial)							
^{B.} Friends of Lisa Posthumus Lyons				Date of Disbursement			
Mailing Address 7815 Alden Nash SE				08 22 2014			
City Alto	State MI	Zip Code 49302		FEC Identification Number			
Purpose of Disbursement	IVII	49302		С			
Contribution			011	Transaction ID : 37452941 Amount of Each Disbursement this Period			
Candidate Name			Category/				
Lyons, Lisa, , MI Rep.,			Туре				
	ment For:			500.00			
Senate President	Primary Other (anal	General		Contribution			
State: District:	Other (spec	siry)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Joe Hune for State Senate				Date of Disbursement			
Mailing Address 4849 Hogback Rd.				08 22 2014			
City	State	Zip Code		FEC Identification Number			
Fowlerville	MI	48836					
Purpose of Disbursement Contribution			011	С			
Candidate Name				Transaction ID : 37452943			
Hune, Joe, , MI Sen.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	750.00			
Senate	Primary	General		Contribution			
President	Other (spec	cify) 🔻		Memo Item			
State: District:				<u></u>			
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TOTAL This Period (last page this line number only	()		••••••				

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 210 OF 221			
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may r me and addr	not be sold or use ress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)				
-	Full Name (Last, First, Middle Initial)							
Α.	Judy Emmons for State Senate				Date of Disbursement			
	Mailing Address 506 E Carson City Rd				08 / D D / Y Y Y Y 22 2014			
	City	State	Zip Code		FEC Identification Number			
	Sheridan Purpose of Disbursement	MI	48884					
	Contribution			011	С			
	Candidate Name				Transaction ID : 37452944			
	Emmons, Judy, K., MI Sen.,			Category/ Type	Amount of Each Disbursement this Period			
	-	ment For:		21.5	250.00			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Contribution Memo Item			
_	State: District:							
	Full Name (Last, First, Middle Initial)				Data of Diahurament			
В.	David Knezek for Senate				Date of Disbursement			
	Mailing Address PO Box 867		08 / D D / Y Y Y Y 22 / 2014					
	City	State	Zip Code		FEC Identification Number			
	Dearborn Heights	MI	48127					
	Purpose of Disbursement Contribution			011	С			
	Candidate Name				Transaction ID : 37452945			
	Knezek, David, , ,			Category/ Type	Amount of Each Disbursement this Period			
		ment For:			300.00			
	Senate	Primary	General		Contribution			
	President	Other (spec	cify)					
	State: District:	-						
	Full Name (Last, First, Middle Initial)							
C.	Rick Jones for State Senate				Date of Disbursement			
	Mailing Address PO Box 115				08 / D D / Y Y Y Y 22 / 2014			
	City	State	Zip Code					
	Grand Ledge	MI	48837		FEC Identification Number			
	Purpose of Disbursement				С			
	Contribution			011	Transaction ID : 37452946			
	Candidate Name		Category/	Amount of Each Disbursement this Period				
	Jones, Rick, A., MI Sen., Office Sought: House Disburse	ment For:		Туре	250.00			
	Senate	Primary	General					
	President	Other (spec			Contribution			
	State: District:				Memo Item			
6	UBTOTAL of Disbursements This Page (optional).				800.00			
Ľ	OF THE OF DISDUISEMENTS THIS Fage (Optional).			••••••••••••••••••••••••••••••••••••••				
Т	OTAL This Period (last page this line number only	/)		▶	, ,			

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one)     22     23     26     27       28b     28c     X     29     30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nat						
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Healt	th)			
Full Name (Last, First, Middle Initial) A. Committee to Elect Winnie Brinks				Date of Disbursement		
Mailing Address 2060 Osceola Dr. SE				08 22 2014		
City	State	Zip Code				
Grand Rapids	MI	49506		FEC Identification Number		
Purpose of Disbursement				С		
Contribution			011	Transaction ID : 37452947		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Brinks, Winnie, T., MI Rep.,			Туре			
	ment For:			250.00		
Senate	Primary	General		Contribution		
State: District:	Other (spe	спу) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Citizens for Anne Gonzales				Date of Disbursement		
Mailing Address 865 Macon Alley	Mailing Address 865 Macon Alley					
City	State OH	Zip Code		FEC Identification Number		
Columbus Purpose of Disbursement	ОП	43206		0		
Contribution			011	C Transaction ID : 37452948 Amount of Each Disbursement this Period		
Candidate Name		I	Catagory			
Gonzales, Anne, , OH Rep.,			Category/ Type			
Office Sought: House Disburse	ment For:			500.00		
Senate	Primary	General		Contribution		
President	Other (spec	cify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Data of Distance		
<b>C</b> . Citizens for Hottinger				Date of Disbursement		
Mailing Address 2135 Horns Hill Road				08 / D D / Y Y Y Y 22 2014		
City	State	Zip Code		FEC Identification Number		
Newark	OH	43055				
Purpose of Disbursement			011	С		
Contribution Candidate Name				Transaction ID: 37452949		
Hottinger, Jay, , ,			Category/ Type	Amount of Each Disbursement this Period		
	ment For:		iyhe	500.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Contribution		
State: District:						
SUBTOTAL of Disbursements This Page (optional).			····· •	1250.00		
TOTAL This Period (last page this line number only	r)		••••••			

SC⊦	IEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 212 OF 221			
ITEN	MIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a	-			
	nformation copied from such Reports and State							
∖ n∕	AME OF COMMITTEE (In Full)							
/ι	InitedHealth Group Incorporated	PAC (Un	ited for Hea	lth)				
	II Name (Last, First, Middle Initial)							
<b>А</b> . С	Committee to Elect Robert D. Hacke	ett			Date of Disbursement			
Ma	ailing Address 2050 Palouse Drive				08 / 22 / 2014			
Ci		State	Zip Code		FEC Identification Number			
	ndon	OH	43140					
	Irpose of Disbursement			011	C			
	Contribution andidate Name			011	Transaction ID : 37452950			
				Category/	Amount of Each Disbursement this Period			
	ackett, Robert, , OH Rep., fice Sought:   House   Disburse	ment For:		Туре	500.00			
0i	fice Sought: House Disburse	Primary	General					
	President	Other (spec			Contribution			
St	ate: District:		···· <b>j</b> ) <b>v</b>		Memo Item			
Fu	II Name (Last, First, Middle Initial)							
B. (	Delslager for Ohio Committee				Date of Disbursement			
Ma	ailing Address 6706 Lake Cable Ave. NW		08 22 2014					
Ci		State	Zip Code		FEC Identification Number			
	orth Canton	OH	44720					
	Contribution			011	С			
	andidate Name			Catanamul	Transaction ID : 37452951			
0	elslager, Scott, , OH Sen.,			Category/ Type	Amount of Each Disbursement this Period			
Of	fice Sought: House Disburse	ment For:			1000.00			
	Senate	Primary	General		Contribution			
	President	Other (spec	cify)					
St	ate: District:							
	II Name (Last, First, Middle Initial)							
^{С.} Е	d Jackson for Senate				Date of Disbursement			
Ma	ailing Address 25 Wyndhurst				08 / D D / Y Y Y Y Y 08 25 2014			
Ci	ty	State	Zip Code					
	ckson	TN	38305		FEC Identification Number			
	irpose of Disbursement				C			
	Contribution		011	Transaction ID: 37453208				
	andidate Name		Category/	Amount of Each Disbursement this Period				
	ackson, Edward, , ,	mont Free		Туре	500.00			
U	fice Sought: House Disburse	ment For: Primary	General		000.00			
	President	Other (spec			Contribution			
St	ate: District:	(opor	- 37 - <del>-</del>		Memo Item			
SUP	TOTAL of Disbursements This Page (optional).				2000.00			
506	or a sector and the sector and the sector (optional).			•••••• •				
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SCHEDULE B (FEC Form 3X)	MIZED DISPUBSEMENTS Use separate schedule(s)					NUMBER: PAGE 213 OF						
	for each category of the Detailed Summary Page					22	23		26		27 20h	
Any information copied from such Reports and State or for commercial purposes, other than using the na				any pe	erson							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nited for Healt	th)									
Full Name (Last, First, Middle Initial)  A. Paul Bailey for Senate				Date of Disbursement								
Mailing Address 252 Lowery Road		08 25 2014										
City Sparta	State TN	Zip Code 38583				FEC Id	entificatio	n Nu	umber		_	
Purpose of Disbursement Contribution Candidate Name		[		11 egory/			nsaction				this Period	
Bailey, Paul, , TN Rep.,         Office Sought:       House       Disburse         Senate       Image: Complexity of the senate       Image: Complexity of the senate	ement For: Primary	General	Ту	/pe			-9		-y		750.00	
State: District:						Contribution Memo Item						
B. Citizens for Gronstal Mailing Address 114 McKenzie Circle						Date of Disbursement						
City Council Bluffs	City State Zip Code								FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	f Disbursement					<b>C</b> Transaction ID : 37453210 Amount of Each Disbursement this Period				this Period		
Gronstal, Michael, , IA Sen., Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General Sify)	- 13	vpe		Me	mo Item	Cor	ıtribut		000.00	
Full Name (Last, First, Middle Initial) C. Governor Branstad Committee						Date of Disbursement						
Mailing Address 1601 22nd St., Suite 400					_	08 / D D / Y Y Y Y 25 / 2014						
City West Des Moines Purpose of Disbursement	State IA	Zip Code 50266					entificatio	n Nu	ımber		_	
Terry Branstad, GOVERNOR IA       011         Candidate Name       011         Branstad, Terry, E., Gov.,       Categor         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:							nsaction of Each				this Period	
						Me	mo Item	Ter	ry Bra		000.00 d, GOVERNOR	
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				-		<u> </u>			-7- - 	-	3750.00	

SCH	EDULE B (FEC Form 3X)			FOF	RLINF	NUMBER: PAGE 214 OF 221			
ITEN	IZED DISBURSEMENTS	Use sepa for each	-	eck only	one)				
			Summary Page		21b 28a	22         23         26         27           28b         28c         X         29         30b			
	formation copied from such Reports and State commercial purposes, other than using the na				ny perso	on for the purpose of soliciting contributions			
NA	ME OF COMMITTEE (In Full)								
<i>∕</i> υ	nitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)					
/ Ful	Name (Last, First, Middle Initial)								
<b>A</b> . M	ark Smith for Iowa House					Date of Disbursement			
Ma	ling Address 100 E Southridge Road					08 25 2014			
City		State	Zip Code			FEC Identification Number			
	rshalltown	IA	50158						
	pose of Disbursement			01	1	С			
	ontribution ndidate Name					Transaction ID : 37453212			
	ith, Mark, , Representa,			Categ Typ		Amount of Each Disbursement this Period			
	· · · · ·	ment For:		тур		500.00			
011	Senate	Primary	General						
	President	Other (spec				Contribution			
Sta	te: District:					Memo Item			
Ful	Name (Last, First, Middle Initial)								
B. C	itizens for Durkin		Date of Disbursement						
	lling Address 16W281 83rd St Ste D	Ste D							
City	/ rr Ridge	State IL	Zip Code 60527			FEC Identification Number			
	pose of Disbursement	1L	00321			C			
	ontribution			01	1	C Transaction ID : 37453218 Amount of Each Disbursement this Period			
	ndidate Name			Categ	orv/				
Du	rkin, Jim, , IL Rep.,			Тур	-				
Offi	ce Sought: House Disburse	ment For:				1000.00			
	Senate	Primary	General			Contribution			
~	President	Other (spec	cify)			Memo Item			
Sta						<u> </u>			
C	Name (Last, First, Middle Initial)					Date of Disbursement			
с. С	itizens for John Cullerton for Sta	te Senate	е						
Ma	ling Address 29 S. LaSalle St. Suite 936					M         M         /         D         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
City	/	State	Zip Code			FEC Identification Number			
	cago	IL	60603-1525						
	pose of Disbursement			01		С			
	ontribution	1	Transaction ID : 37453220						
	ndidate Name			Categ		Amount of Each Disbursement this Period			
	illerton, John, J., IL Sen., ce Sought: House Disburse	ment For:		Тур	ie .	2000.00			
011	Senate	Primary	General						
	President	Other (spec							
Sta	te: District:		<i></i>			Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 215 OF 221		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	ited for Heal	th)			
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Friends of John Bradley, Inc.						
Mailing Address PO Drawer 488				08 25 2014		
City	State	Zip Code		FEC Identification Number		
Marion	IL	62959				
Purpose of Disbursement			011	C		
Contribution			011	Transaction ID : 37453222		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Bradley, John, , IL Rep.,			Туре	500.00		
	ment For:	Concret		300.00		
Senate	Primary	General		Contribution		
State: District:	Other (spec	sny) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
B. Friends of Michael J Madigan Mailing Address PO Box 3188		Date of Disbursement				
Maining Address PO Box 3188		1		00 23 2014		
City	State	Zip Code		FEC Identification Number		
Chicago Purpose of Disbursement	IL	60654				
Contribution			011	С		
Condidate Name				Transaction ID : 37453224		
Madigan, Michael, J., IL Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		туре	1000.00		
Senate	Primary	General				
President	Other (spec			Contribution		
State: District:		.,		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Zalewski for State Representative				Date of Disbursement		
Mailing Address 413 Addison Rd.				08 25 2014		
City	State	Zip Code		FEC Identification Number		
Riverside	IL	60546-2007				
Purpose of Disbursement				C		
Contribution						
Candidate Name	Category/					
Zalewski, Michael, J., IL Rep.,	mant Fam		Туре	500.00		
Office Sought: House Disburse Senate	ment For: Primary	General		500.00		
President	Other (spec			Contribution		
State: District:		Siry) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional).			······	2000.00		
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 216 OF 221			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-			
	y information copied from such Reports and State for commercial purposes, other than using the nar							
$\square$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	lth)				
	Full Name (Last, First, Middle Initial)							
Α.	Mike Chaney Campaign				Date of Disbursement			
	Mailing Address PO Box 23242				M         M         /         D         /         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y			
	City	State	Zip Code		FEC Identification Number			
	Jackson Purpose of Disbursement	MS	39225					
	Contribution			011	C			
	Candidate Name			Cotogony/	Transaction ID : 37453228 Amount of Each Disbursement this Period			
	Chaney, Mike, , ,			Category/ Type	Amount of Lach Disbursement this renou			
	Office Sought: House Disburse	ment For:			500.00			
	Senate	Primary	General					
	State: District:	Other (spec	cify) 🔻		Contribution Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	The Campaign To Elect Walter ('F	our') Prio	ce		Date of Disbursement			
	Mailing Address 2606 S. Lipscomb			08 25 2014				
	City	State TX	Zip Code		FEC Identification Number			
	Amarillo Purpose of Disbursement		79109-2332		$\mathbf{C}$			
	Contribution			011	C Transaction ID : 37453230 Amount of Each Disbursement this Period			
	Candidate Name			Category/				
	Price, Walter, Four, TX Rep.,			Type				
	Office Sought: House Disburse	ment For:			1000.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	cify)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Doug Miller Campaign				Date of Disbursement			
	Mailing Address 865 Fredericksburg				08 / D D / Y Y Y Y 25 / 2014			
	City	State	Zip Code		FEC Identification Number			
	New Braunfels	ТХ	78130					
	Purpose of Disbursement			014	C			
	Contribution Candidate Name			011	Transaction ID: 37453237			
	Miller, Doug, , TX Rep.,	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	1000.00						
	Senate							
	President	Other (spec	cify) 🔻		Contribution Memo Item			
_	State: District:							
s	UBTOTAL of Disbursements This Page (optional).			••••••	2500.00			
Т	OTAL This Period (last page this line number only	)			, ,			

	HEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE			
ITE	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na						
	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)			
Α.	Full Name (Last, First, Middle Initial) Friends of Brandon Creighton		Date of Disbursement				
	Mailing Address 17530 St Luke's Way Ste 390	08 / D D / Y Y Y Y 25 2014					
	City The Woodlands	State TX	Zip Code 77384		FEC Identification Number		
	Purpose of Disbursement		11304		С		
	Contribution			011			
i	Candidate Name			Category/	Transaction ID : 37453238 Amount of Each Disbursement this Period		
	Creighton, Brandon, , ,			Type			
	<b>U</b>	ment For:			1000.00		
	Senate President	Senate     Primary     General       President     Other (specify) ▼			Contribution		
	State: District:						
B.	Full Name (Last, First, Middle Initial) John Raney Campaign						
	Mailing Address PO Box 11461	08 / 25 / 2014					
	City College Station	e Station TX 77842					
	Purpose of Disbursement				С		
	Contribution	011	Transaction ID : 37453253				
	Candidate Name	Category/	Amount of Each Disbursement this Period				
	Raney, John, , TX Rep.,	· · · · · · · · · · · · · · · · · · ·					
					1000.00		
	Senate     Primary     General       President     Other (specify)			Contribution			
	State: District:		Siry)		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Kel Seliger Campaign	Date of Disbursement					
	Mailing Address PO Box 31748		08 25 2014				
	City	State	Zip Code		FEC Identification Number		
	Amarillo	ТХ	79120				
	Purpose of Disbursement Contribution	С					
	Candidate Name			011 Category/	Transaction ID : 37453256		
	Seliger, Kel, , TX Sen.,	Amount of Each Disbursement this Period					
		ment For:	I	Туре	1000.00		
	Senate						
	President	Other (spec	cify) 🔻		Contribution Memo Item		
	State: District:						
รเ	JBTOTAL of Disbursements This Page (optional).			····· Þ	3000.00		
т	OTAL This Period (last page this line number only	/)		••••••	, ,		

SCHEDUL	E B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 218 OF 221			
ITEMIZED	DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one)         22         23         26         27           28b         28c         X         29         30b			
					on for the purpose of soliciting contributions solicit contributions from such committee.			
	COMMITTEE (In Full)							
✓ UnitedH	lealth Group Incorporated	I PAC (Ur	nited for Hea	lth)				
•	(Last, First, Middle Initial)				Date of Disbursement			
A. Senator	Eddie Lucio Jr. Campaign							
Mailing Add	Iress PO Box 5958				08 / 25 / 2014			
City		State	Zip Code		FEC Identification Number			
Brownsville	Diahuwaawaant	ТХ	78523					
•	Disbursement			011	C			
Contributic					Transaction ID : 37453257			
				Category/	Amount of Each Disbursement this Period			
Office Soug	do, , Senator, Jr.	ement For:		Туре	1000.00			
Onice Soug	ht: House Disburs	Primary	General					
	President	Other (spe			Contribution			
State:	District:		(only)		Memo Item			
Full Name	(Last, First, Middle Initial)							
^{B.} Juan H	inojosa Campaign	Date of Disbursement						
Mailing Add	Iress PO Box 1421							
City		State	Zip Code		FEC Identification Number			
Austin	Diahumaamaant	TX	78767					
•	Disbursement			011	C			
Contributio		Category/	Transaction ID : 37453259					
		Amount of Each Disbursement this Period						
Office Soug	osa, Juan, , TX Sen., Type				1500.00			
	Senate Primary General President Other (specify)							
					Contribution			
State:	District:		.,		Memo Item			
Full Name	(Last, First, Middle Initial)							
C. Senfror	nia Thompson Campaign		Date of Disbursement					
Mailing Add	lress 1300 Main Street Suite 300				08 25 2014			
City		State TX	Zip Code 77002		FEC Identification Number			
Houston	Disbursement							
Contributio		011	С					
Candidate I			Transaction ID : 37453302					
	Senfronia, , TX Rep.,	Category/ Type	Amount of Each Disbursement this Period					
Office Soug	·	. 744	1000.00					
	Senate	Primary	General					
	President	Other (spe	cify) 🔻		Contribution Memo Item			
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TOTAL This I	Period (last page this line number on	ly)		••••••	, ,			

SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER:			PAGE 219 OF 221	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(ch	neck on	· ′ _					
		Summary Page		21b		23		26 27	
			28a	28b	28c	X	29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
angle UnitedHealth Group Incorporated I	PAC (Un	ited for Hea	alth)						
Full Name (Last, First, Middle Initial)									
A. Sergio Munoz Jr. Campaign	Date of	Disburse	ement	t					
	MM	/ D	D	/ Y Y Y Y Y					
Mailing Address 1110 S. Closner Blvd						2	5	2014	
City	State	Zip Code				tification		mhor	
Edinburg	ТΧ	78539			FEC Ide	ntification	n Nur	nber	
Purpose of Disbursement			_	_	С				
Contribution			01	11		Transaction ID : 37453304			
Candidate Name									
Munoz, Sergio, , TX Rep., Jr.				gory/ pe	Amount of Each Disbursement this Period				
	ment For:		· y	r	-	1000.00			
Senate	Primary	General							
President	Other (spec				Contribution				
State: District:	Strier (spec	···y) <b>V</b>			Merr	o Item			
Full Name (Last, First, Middle Initial)									
					Date of	Date of Disbursement			
Elect Steve Pierce									
Moiling Addroop 4240 E Indian Cohool Dd. Cto 244	~ ~					/ D		2014	
Maining Address 4340 E Indian School Rd, Ste 21-	Mailing Address 4340 E Indian School Rd, Ste 21-55						08 26 2014		
City	State	Zip Code			EEC. Ide	mher			
Phoenix	AZ	AZ 85018			FEC Identification Number				
Purpose of Disbursement					C				
Void - Elect Steve Pierce; check dated 7/29/2014	Void - Elect Steve Pierce; check dated 7/29/2014 011					saction	ID · 3	37453401	
Candidate Name	andidate Name Cate							ursement this Period	
Pierce, Steve, , AZ Sen.,	erce, Steve, , AZ Sen.,								
Office Sought: House Disburser	ment For:	1			1	_		- 500.00	
Senate	Primary					Void	,		
President	Other (spec	ify)						- Elect Steve Pierce; che d 7/29/2014	
State: District:					Ivien	o Item			
Full Name (Last, First, Middle Initial)									
Friends and Neighbors for Dan Pabon						Date of Disbursement			
ו חפרועט מרוע דיפוטרוטיטרט וטר שמור רמטטרו						/ D	D	/ Y Y Y Y	
Mailing Address 3182 W 35th Ave						2	8	2014	
City	State	Zip Code							
5	State CO	Zip Code 80211			FEC Ide	ntification	n Nur	mber	
Denver Purpose of Disbursement									
•	С								
Void - Friends and Neighbors for Dan Pabon; chec	Tran	saction	ID : :	37455820					
Candidate Name	Amount	of Each	Disbu	ursement this Period					
Pabon, Dan, , CO Rep.,	Ту	pe				- 200.00			
								- 200.00	
Senate	President Other (specify)						Void	- Friends and Neighbors	
					Memo Item Dan Pabon; check dated 8/19/				
State: District:									
SUBTOTAL of Disbursements This Page (optional)				🕨		-		300.00	
TOTAL This Period (last page this line number only)	)			····· <b>Þ</b>		,		,	

Ind readic Summary Page       21b       22       23       26       27         Detailed Summary Page       28b       2014       28b       2014       28b       201	SCHEDULE B (FEC Form 3X)	Use separate schedule(s					
er or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         Value OF COMMITTEE (in Full)         Full Name (Last, First, Middle Initial)         * Friends and Neighbors for Dan Pabon         Mailing Address 3182 W 38th Ave         City         Deriver         Purpose of Disbursement         Void - Friends and Neighbors for Dan Pabon; check dated 08/19/2014         Office Sought:         Paton, Dan, CO Rep.         Office Sought:         Preson, Ban, Co Rep.         Office Sought:         Preurose of Disbursement         Other (specify)         State:         District:         Preudent         Office Sought:         Presoldent Obsbursement         Void - Agular for 32;							
VunitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         Full Name (Last, First, Middle Initial)         Office Sought:         Oddress PD Box 27424         City Office Sought:         Office Sought:         Disbursement         Void - Fiends and Neighbors for Dan Pabon:         Office Sought:         Benate         Primacy         General         Office Sought:         Benate         Propose of Disbursement         Office Sought:         Benate         Propose of Disbursement         Office Sought:         Benate         Previous         Office Sought:         Benate         City         Purpose of Disbursement         City         Benate         Office Sought:         Benate         Office Sought:         Benate         Disbursement         City         State:         Disbursement         City         Purpose of Disbursement         City         State:         Dishct:         D							
Full Name (Last, First, Middle Initial)       Date of Disbursement         Maling Address 3182 W 36th Ave       Date of Disbursement         City       State         City       Derived         Purpose of Disbursement       Other (specify)         Office Sought:       President         Disbursement       Other (specify)         Office Sought:       President         Disbursement       Other (specify)         State:       Disbursement For:         District:       President         Office Sought:       President         Office Sought:       President         Disbursement       Other (specify)         Maling Address: PO Box 27424       Other (specify)         City       Dete of Disbursement this Period         Diffice Sought:       President         Diffice Sought:       House         Disbursement       Other (specify)         Office Sought:       President         Disbursement for:       Other (specify)         Purpose of Disbursement       Other (specify)         Office Sought:       President         Disbursement for:       Other (specify)         Office Sought:       House         Disbursement       Other (specif	NAME OF COMMITTEE (In Full)						
- Friends and Neighbors for Dan Pabon       Date of Disbursement         Mailing Address 3182 W 35th Ave       08 / 28 / 2014         City       State       Zip Code         Purpose of Disbursement       001 / 972         Void - Friends and Neighbors for Dan Pabon: check dated 08/19/2014       011         Cardidate Name       Disbursement For:         Office Sought:       Disbursement For:         District:       Disbursement For:         Office Sought:       President         Disbursement       Co         Void - Aguilar for 32       Banate         Purpose of Disbursement       Co         Void - Aguilar for 32:       Co         Purpose of Disbursement       Disbursement For:         Office Sought:       House         Disbursement For:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Purpose of Disbursement       Co         State:       Disbursement For:         Office Sought:       Disbursement For:         Purpose of Disbursement       Disbursement For:         Office Sought:       Disbursement For:         Purpose of Disbur	/ UnitedHealth Group Incorporated	PAC (United for He	ealth)				
Mailing Address 3182 W 35th Ave	٨	Date of Disbursement					
City       State       Zip       Code         Purpose of Disbursement       Void - Finds and Neighbors for Dan Pabon; check dated 08/19/2014       Otti       Transaction D: 37455821         Candidate Name       Pabon, Dan, Co Rep.       Ottice Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:       General       Void - Finds and Neighbors         State:       Disbursement For:       Other (specify)       Seneral       Disbursement         President       Other (specify)       EC Identification Number       Disbursement         Nalling Address       PO Box 27424       Date of Disbursement file Period         City       State       Disbursement For:       Other (specify)         Purpose of Disbursement       Disbursement For:       Other (specify)         City       State       Disbursement For:       Other (specify)         Office Sought:       House       Disbursement For:       Transaction ID: 37455822         Candidate Name       Code       Reprint       Other (specify)         Office Sought:       House       Disbursement For:       Other (specify)         Office Sought:       House       Disbursement For:       Other (specify)         Void - Aguiar for 32       State       <							
Deriver       CO       80211         Purpose of Disbursement       011         Candidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Office Sought:       House         District:       Disbursement For:         Office Sought:       Disbursement For:         President       Other (specify) ▼         State:       District:         Purpose of Disbursement       Void - Friends and Neighbors         Maling Address PO Box 27424       Other (specify) ▼         City       State:         Deriver       State         Office Sought:       House         Office Sought:       House         Office Sought:       House         Disbursement       Co         Colidate Name       Co         Aguitar (ron 2): Cosen, MD       Other (specify)         Office Sought:       House         President       Disbursement For:         Office Sought:       House         State:       Disbursement For:         Office Sought:       House         State:       Disbursement         Office Sought:       House         D	Mailing Address 3182 W 35th Ave	08 28 2014					
Void - Friends and Neighbors for Dan Pabon; check dated 08/19/2014       011         Candidate Name       Category/ President       Transaction ID : 37455821         Office Sought:       House       Disbursement For: President       Disbursement For: President         State:       Disbursement for: President       Other (specify) ▼       Memo Item Darphon; check dated Disbursement         Aguilar for 32       Maling Address PO Box 27424       Disbursement For: Disbursement       Disbursement For: Disbursement       Disbursement         Void - Signal Address PO Box 27424       Office Sought:       House       State       Disbursement         Office Sought:       House       Disbursement For: Co       Disbursement       Disbursement this Period         Office Sought:       House       Disbursement For: Disbursement For: District:       Office Sought:       For Identification Number         Yoid - Aguilar for 32; check dated 08/19/2014       Office Sought:       House       Disbursement For: District:       Transaction ID : 37455823         Malling Address PO Box 27424       Office Sought:       State       Zip Code 80227       Disbursement         City       Senate       Disbursement For: Co       State       Disbursement       Transaction ID : 37455823         Malling Address PO Box 27424       Office Sought:       House       Disbursemen				FEC Identification Number			
Void - Friends and Neighbors for Dan Pabon; check dated 08/19/2014       011         Candidate Name       Disbursement For:         Pabon, Dan, , CO Rep.,       Disbursement For:         Office Sought:       Benate         President       Disbursement For:         State:       Disinto:         Mailing Address PO Box 27424       Other (specify) ▼         Category/       State         Office Sought:       Senate         Purpose of Disbursement       Void - Aguilar for 32; check dated 08/19/2014         Category/       Transaction ID : 37455822         Aguilar for 32; check dated 08/19/2014       Other (specify)         Void - Aguilar for 32; check dated 08/19/2014       Other (specify)         State:       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         Aguilar for 32       Date of Disbursement this Period         Mailing Address PO Box 27424       Other (specify)         City       Deate of Disbursement For:         President       Other (specify) <t< td=""><td></td><td></td><td></td><td>C</td></t<>				C			
Candidate Name       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       -200,00         State:       Disficit:       Other (specify)       Image: Control of Control	Void - Friends and Neighbors for Dan Pabon; che	011					
Palon, Dan, CO Rep.       Type         Office Sought:       Disbursement For:         State:       Disbursement For:         Other (specify)       Candidate Name         Aguilar for 32       Mailing Address PO Box 27424         City       State:         Disbursement       Other (specify)         Void - Friends and Neighbors         Mailing Address PO Box 27424         City       State         Purpose of Disbursement         Void - Specific Sought:         Aguilar (rere., CO Sen, MD         Office Sought:       Disbursement For:         President       Disbursement For:         Other (specify)       State         Disbursement       Other (specify)         Yoid - Aguilar for 32; check dated 08/19/2014       Other (specify)         Candidate Name       President         President       Disbursement For:         Other (specify)       State         Disbursement       Other (specify)         Void - Aguilar for 32;       President         Mailing Address PO Box 27424       Other (specify)         City       State         Disbursement       Other (specify)         Office Sought:       House         Senate	Candidate Name		Category/				
State:       President       Disbursement       Void - Friends and Neighbors         State:       Disbursement       Werno Item Void - Friends and Neighbors         Full Name (Last, First, Middle Initial)       Aguilar for 32         Aguilar for 32       Date of Disbursement         Void - Aguilar for 32; check dated 08/19/2014       011         Candidate Name       Category/ Type         Aguilar for 32; check dated 08/19/2014       011         Candidate Name       Disbursement For:         President       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         General       Other (specify)         Date of Disbursement       Void - Aguilar for 32; check dated 08/19/2014         Candidate Name       Category/ Type         Full Name (Last, First, Middle Initial)       Date of Disbursement         Aguilar for 32       State         Mailing Address PO Box 27424       Other (specify)         City       State         Purpose of Disbursement       Disbursement For:         Senate       Disbursement For:         President       Other (specify)	• • •						
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Aguilar for 32       Date of Disbursement         Mailing Address PO Box 27424		Other (specify)		Memo Item Dan Pabon; check dated			
Aguital for 32         Mailing Address PO Box 27424         City       State         Deriver       C0         Aguilar, Irene, . CO Sen, MD         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       Disbursement For:         District:       President         State       Disbursement For:         Office Sought:       State         District:       President         City       State         City       State         Disbursement       Other (specify)         State:       Disbursement         City       State         Deriver       Code         Benver       Code         Purpose of Disbursement       Code         Void - Aguilar for 32       Date of Disbursement         Mailing Address PO Box 27424       Office Sought:         City       State         Deriver       Code         Benver       President         Void - Aguilar for 32; check dated 08/19/2014       Other (specify)         Coffice Sought:       House         President       Disbursement For:         President       Other (specify)		Full Name (Last, First, Middle Initial)					
Mailing Address PO Box 27424       08       28       2014         City       State       Zip Code       80227       FEC Identification Number         Void - Aguilar for 32; check dated 08/19/2014       011       Category/       Transaction ID: 37455822         Candidate Name       General       Other (specify)       General       Void - Aguilar for 32; check dated 08/19/2014         Office Sought:       House       Disbursement For:       Other (specify)       Date of Disbursement         State:       District:       Other (specify)       Date of Disbursement       Void - Aguilar for 32; check dated 08/19/2014         Mailing Address PO Box 27424       City       State       Zip Code       80227         City       State       Zip Code       80227       Code         Purpose of Disbursement       Void - Aguilar for 32       Date of Disbursement       Code         Mailing Address PO Box 27424       Other (specify)       Transaction ID: 37455823       Transaction ID: 37455823         Condidate Name       Aguilar for 32; check dated 08/19/2014       Other (specify)       Transaction ID: 37455823         Mailing Address PO Box 27424       Other (specify)       Other (specify)       Transaction ID: 37455823         Chypein Colic Sought:       House       Disbursement For:       Other	Aguilar for 32	Aguilar for 32					
Denver       CO       80227         Purpose of Disbursement       011       011         Void - Aguilar for 32; check dated 08/19/2014       011       Transaction ID : 37455822         Amount of Each Disbursement this Period       011       Transaction ID : 37455822         Aguilar, Irene, , CO Sen., MD       Disbursement For:	Mailing Address PO Box 27424						
Purpose of Disbursement Void - Aguilar for 32; check dated 08/19/2014 Candidate Name Aguilar, Irene, CO Sen, MD Office Sought: House Disbursement For: President State: District: CO Mailing Address PO Box 27424 City Denver Purpose of Disbursement Void - Aguilar for 32; check dated 08/19/2014 Category/ Type Disbursement Void - Aguilar for 32; check dated 08/19/2014 Category/ Type Office Sought: House Disbursement Void - Aguilar for 32; check dated 08/19/2014 City Denver Purpose of Disbursement Void - Aguilar for 32; check dated 08/19/2014 Candidate Name Aguilar for 32; check dated 08/19/2014 Construction ID : 37455823 Amount of Each Disbursement Void - Aguilar for 32; check dated 08/19/2014 Construction ID : 37455823 Amount of Each Disbursement this Period Transaction ID : 37455823 Amount of Each Disbursement this Period Void - Aguilar for 32; check dated 08/19/2014 Candidate Name Aguilar for 32; check dated 08/19/2014 Construction ID : 37455823 Amount of Each Disbursement this Period Void - Aguilar for 32; check dated 08/19/2014 SubtroTAL of Disbursements This Page (optional)		· · · ·		FEC Identification Number			
Void - Aguilar for 32; check dated 08/19/2014       011         Candidate Name       Aguilar, trene, .CO Sen., MD       Transaction ID : 37455822         Office Sought:       House       Disbursement For:         President       Other (specify)       Void - Aguilar for 32; check dated 08/19/2014         State:       District:       Other (specify)         Hailing Address PO Box 27424       Disbursement         City       State       Zip Code         Purpose of Disbursement       Code         Aguilar, Irene, .CO Sen., MD       Other (specify)         Office Sought:       House         Denver       Code         Purpose of Disbursement       Code         Void - Aguilar for 32; check dated 08/19/2014       Other (specify)         Candidate Name       Code         Aguilar, Irene, .CO Sen., MD       Disbursement For:         Office Sought:       House       Disbursement For:         President       Other (specify)       Category/         State:       District:       Other (specify)         Subtrottal of Disbursements This Page (optional)		0 80227		0			
Aguilar, Irene, , CO Sen., MD       Type         Office Sought:       House       Disbursement For:       - 200.00         Void - Aguilar for 32; check date       Primary       General       Void - Aguilar for 32; check date         Full Name (Last, First, Middle Initial)       Aguilar for 32       Date of Disbursement         Aguilar for 32       Date of Disbursement       Date of Disbursement         Void - Aguilar for 32       City       State       Zip Code         Benver       CO       80227       FEC Identification Number         Purpose of Disbursement       Other (specify)       Transaction ID : 37455823         Aguilar, Irene, , CO Sen., MD       Office Sought:       House       Disbursement For:         Aguilar, Irene, , CO Sen., MD       Disbursement For:       -200.00       Void - Aguilar for 32; check date         Office Sought:       House       Disbursement For:       -200.00       Void - Aguilar for 32; check date         Office Sought:       House       Disbursement For:       -200.00       Void - Aguilar for 32; check date         Office Sought:       House       Disbursement For:       -200.00       Void - Aguilar for 32; check date         State:       District:       Disbursement For:       -600.00       -600.00       -600.00         <	Void - Aguilar for 32; check dated 08/19/2014			Transaction ID : 37455822			
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Denver       CO       80227         Purpose of Disbursement       011         Void - Aguilar for 32; check dated 08/19/2014       011         Candidate Name       011         Aguilar, Irene, , CO Sen., MD       011         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:            SubtrotAL of Disbursements This Page (optional)	Mailing Address PO Box 27424						
Denver       CO       80227         Purpose of Disbursement       Void - Aguilar for 32; check dated 08/19/2014       011         Candidate Name       011       Category/ Type       Transaction ID : 37455823         Aguilar, Irene, , CO Sen., MD       Disbursement For:       - 200.00         Office Sought:       House       Disbursement For:       - 200.00         Senate       Primary       General       Void - Aguilar for 32; check date         President       Other (specify)        Memo Item 08/19/2014         SUBTOTAL of Disbursements This Page (optional)	City			FEC Identification Number			
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 221 OF 221					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			ck only	/ one)					
		Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na					on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)							
Full Name (Last, First, Middle Initial)										
A. Jim Marleau for State Senate	Date of Disbursement									
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Void - Jim Marleau for State Senate; check dated	0/3/2013		011		С					
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Marleau, James, , MI Sen.,			Catego Type		Amount of Each Disbursement this Period					
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