



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="220131.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="291731.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="46174.94"/>	<input type="text" value="212275.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="337906.63"/>	<input type="text" value="432406.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58000.00"/>	<input type="text" value="152500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="279906.63"/>	<input type="text" value="279906.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36334.88	132490.74
(ii) Unitemized .....	9840.06	79784.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46174.94	212275.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46174.94	212275.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	46174.94	212275.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46174.94	212275.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	152500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58000.00	152500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58000.00	152500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46174.94	212275.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46174.94	212275.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 6520 SHENANDOAH DR

City LINCORN State NE Zip Code 68510-5159

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

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159806030038**

Amount of Each Receipt this Period **50.00**

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

**B. WAYNE COOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901-3007

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159812830038**

Amount of Each Receipt this Period **120.00**

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

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

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439-1708

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159814730038**

Amount of Each Receipt this Period **384.60**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>554.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PATRICK ERLANDSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 OLD LONG LAKE ROAD  
City WAYZATA State MN Zip Code 55391-9690  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159815930038**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**B. PATRICIA SAURO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8943 HIDDEN MEADOW R  
City WOODBURY State MN Zip Code 55125-9138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159816430038**  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$60.00 Bi-Weekly)

**C. WILLIAM MUNSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2119 WINDSONG CIRCLE  
City WAYZATA State MN Zip Code 55391-2259  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159816630038**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN PENSHORN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 BLACK OAKS LANE  
 City WAYZATA State MN Zip Code 55391-1363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159816930038**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PAUL KALLMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159817430038**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. TIMOTHY RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4913 BRUCE AVE  
 City EDINA State MN Zip Code 55424-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OptumHealth Occupation Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1159817930038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	678.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4307 BEECHWOOD LANE

City DALLAS State TX Zip Code 75220-1909

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159819130038**

Amount of Each Receipt this Period **100.00**

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

Full Name (Last, First, Middle Initial)  
**B. WILLIAM TRACY**

Mailing Address 13016 CANTERBURY

City LEAWOOD State KS Zip Code 66209-1768

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159821530038**

Amount of Each Receipt this Period **115.40**

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

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

Mailing Address PO BOX 72

City WAYZATA State MN Zip Code 55391-0072

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1159827430038**

Amount of Each Receipt this Period **200.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>415.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JEANNINE RIVET**  
Full Name (Last, First, Middle Initial)

Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA	State MN	Zip Code 55364-7708
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1159830030038**

Amount of Each Receipt this Period  
384.60

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

**B. JACK SHUFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 ASPEN LANE

City COVINGTON	State LA	Zip Code 70433-5736
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB RVP
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1159830530038**

Amount of Each Receipt this Period  
78.00

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

**C. JILL WINTERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 SPOEDE LN

City SAINT LOUIS	State MO	Zip Code 63141-7708
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
486.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1159840430038**

Amount of Each Receipt this Period  
108.00

P/R Deduction (\$54.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. ANTHONY WELTERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 919 SAIGON ROAD

City MCLEAN State VA Zip Code 22102-2116

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1332013230038**

Amount of Each Receipt this Period **384.60**

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

**B. ROBERT BOHNENKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4925 WOODS COURT

City GREENWOOD State MN Zip Code 55331-9291

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1551005630038**

Amount of Each Receipt this Period **78.00**

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

**C. THOMAS VALERIUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2820 DEER RUN TRAIL

City LONG LAKE State MN Zip Code 55356-9690

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

Name of Employer United HealthCare Services Inc Occupation VP Recruiting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1551161330038**

Amount of Each Receipt this Period **153.84**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>616.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LOIS WEIHRAUCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 10392 SHERMAN DRIVE

City EDEN PRAIRIE State MN Zip Code 55347-4452

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1551161430038**

Amount of Each Receipt this Period 120.00

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

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

Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR State CT Zip Code 06074-2142

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1554323530038**

Amount of Each Receipt this Period 110.00

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

**C. MICHAEL RADU**  
Full Name (Last, First, Middle Initial)

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176-6847

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

Name of Employer United HealthCare Services Inc Occupation COO Collaborative Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1554324530038**

Amount of Each Receipt this Period 108.00

P/R Deduction (\$54.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 338.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1575957630038**

Amount of Each Receipt this Period **384.60**

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

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938-5622

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

Name of Employer United HealthCare Services Inc Occupation Plan Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1575958130038**

Amount of Each Receipt this Period **153.84**

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

**C. LEE VALENTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424-1514

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

Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1575958530038**

Amount of Each Receipt this Period **384.60**

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

**SUBTOTAL** of Receipts This Page (optional)..... **923.04**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 89  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. THOMAS PAUL**  
 Mailing Address 2006 QUEEN AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55405-2350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc UHC Chief Cnsmr Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR1580864730038**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. ROBERT WEBB**  
 Mailing Address 4516 DREXEL AVENUE  
 City State Zip Code  
 EDINA MN 55424-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP UnitedHlth Grp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1730.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR1580865330038**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. RICHARD HUGHES**  
 Mailing Address 735 SAINT MORITZ  
 City State Zip Code  
 VICTORIA MN 55386-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Human Capital Dev  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR1596304130038**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 784.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. THAD JOHNSON**

Mailing Address 16848 STIRRUP LN

City State Zip Code  
EDEN PRAIRIE MN 55347-3339

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR1596304330038**

Amount of Each Receipt this Period  
200.00

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

Full Name (Last, First, Middle Initial)  
**B. GAYE ADAMS MASSEY**

Mailing Address 3801 ABBOTT AVE S

City State Zip Code  
MINNEAPOLIS MN 55410-1036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.42

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR1596304530038**

Amount of Each Receipt this Period  
230.76

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

Full Name (Last, First, Middle Initial)  
**C. JAY MATUSHAK**

Mailing Address 9346 SHETLAND ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-3749

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

Name of Employer Occupation  
UnitedHealthcare Finance VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : PR1596304630038**

Amount of Each Receipt this Period  
78.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CAROL MORNESS</b>		Date of Receipt
Mailing Address 401 N 2ND ST UNIT 512		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code MINNEAPOLIS MN 55401-1591		<b>Transaction ID : PR1596304930038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.92"/>
Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) <b>B. DANIEL SCHUMACHER</b>		Date of Receipt
Mailing Address 11582 RASPBERRY HILL ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code EDEN PRAIRIE MN 55344-3268		<b>Transaction ID : PR1596305430038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="230.00"/>
Name of Employer UnitedHealthcare Finance	Occupation Mkt Group CFO	P/R Deduction (\$115.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1035.00"/>	

Full Name (Last, First, Middle Initial) <b>C. THOMAS LEWIS</b>		Date of Receipt
Mailing Address 306 CHIPPEWA AVENUE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code TAMPA FL 33606-3614		<b>Transaction ID : PR1596306930038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.92"/>
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="383.84"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 89  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT OBERRENDER**

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code  
EDINA MN 55424-1158

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

Name of Employer Occupation  
United HealthCare Services Inc SVP Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR1596307030038**

Amount of Each Receipt this Period  
**220.00**

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

Full Name (Last, First, Middle Initial)  
**B. DIANE FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code  
TAMPA FL 33618-2149

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

Name of Employer Occupation  
United HealthCare Services Inc Regn Exec Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR1596309730038**

Amount of Each Receipt this Period  
**78.00**

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
SILVER SPRING MD 20905-5028

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

Name of Employer Occupation  
Medicare & Retirement SVP, Hlth Advancement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR1596317430038**

Amount of Each Receipt this Period  
**150.00**

P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **448.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. DAVID STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE	State GA	Zip Code 30024-8576
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1596318430038**

Amount of Each Receipt this Period  

78.00
-------

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT	State MN	Zip Code 55003-1607
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1596319030038**

Amount of Each Receipt this Period  

50.00
-------

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER	State NJ	Zip Code 07930-3020
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1600597330038**

Amount of Each Receipt this Period  

78.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>206.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MICHAEL MICHAUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3343

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

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1600598530038**

Amount of Each Receipt this Period **200.00**

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

**B. LEWIS SANDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424-1163

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

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1600598730038**

Amount of Each Receipt this Period **200.00**

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

**C. MATTHEW PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 20595 SPENCER LANE

City EXCELSIOR State MN Zip Code 55331-4523

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1602669930038**

Amount of Each Receipt this Period **200.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 18076 CLEAR SPRING LANE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1078

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **865.35**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1613243530038**

Amount of Each Receipt this Period  

192.30
--------

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City	State	Zip Code
EDINA	MN	55435-4150

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1653443230038**

Amount of Each Receipt this Period  

384.60
--------

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

Full Name (Last, First, Middle Initial)  
**C. THOMAS BELLAMY**

Mailing Address 2743 THOMAS AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416-4346

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

Name of Employer	Occupation
United HealthCare Services Inc	SB RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR1653444330038**

Amount of Each Receipt this Period  

115.40
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>692.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 645 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391-9684

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1653445230038**

Amount of Each Receipt this Period 384.60

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

**B. ELIZABETH D. CORBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7985 LEA CIRCLE

City BLOOMINGTON State MN Zip Code 55438-1286

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

Name of Employer UnitedHealthcare Corporate Occupation VP Hlth Care Initiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1669432230038**

Amount of Each Receipt this Period 200.00

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

**C. Mr. MILES SNOWDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3412 KNOLLWOOD DRIVE

City ATLANTA State GA Zip Code 30305-1020

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

Name of Employer United HealthCare Services Inc Occupation Chief Med Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR1746717830038**

Amount of Each Receipt this Period 384.60

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 969.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. WILLIAM TALAMANTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code  
GREAT FALLS VA 22066-1342

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

Name of Employer Occupation  
United HealthCare Services Inc Six Sigma Cnslt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR1806444730038**

Amount of Each Receipt this Period  
**80.00**

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

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

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code  
PRIOR LAKE MN 55372-3133

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

Name of Employer Occupation  
United HealthCare Services Inc Bus Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR1806750330038**

Amount of Each Receipt this Period  
**76.92**

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

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

Mailing Address 37 W 2000 S

City State Zip Code  
DRIGGS ID 83422-4874

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

Name of Employer Occupation  
United HealthCare Services Inc VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR1903550730038**

Amount of Each Receipt this Period  
**115.40**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>272.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT DUFEK**

Mailing Address 816 PROMONTORY PLACE

City EAGAN State MN Zip Code 55123-2297

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1903577130038**

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 9727 WELLINGTON RIDGE

City WOODBURY State MN Zip Code 55125-9592

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1903578130038**

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 12880 53RD STREET NORTH

City STILLWATER State MN Zip Code 55082-1063

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR1903591130038**

Amount of Each Receipt this Period **78.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>328.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 20030 EXCELSIOR BLVD

City EXCELSIOR State MN Zip Code 55331-8727

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

Name of Employer United HealthCare Services Inc Occupation SVP CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR1903622030038**

Amount of Each Receipt this Period  
**200.00**

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

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

Mailing Address 10 SHADOW GLEN

City IRVINE State CA Zip Code 92620-0204

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1728.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2119468130038**

Amount of Each Receipt this Period  
**384.00**

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

Full Name (Last, First, Middle Initial)  
**C. KATHIE BRYAN**

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2119469430038**

Amount of Each Receipt this Period  
**50.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>634.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LESLIE CARTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19021 POPPY HILL CIRCLE  
City HUNTINGTON BEACH State CA Zip Code 92648-6710  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **864.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2119470330038**  
Amount of Each Receipt this Period **192.00**  
P/R Deduction (\$96.00 Bi-Weekly)

**B. RICHARD CROSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11361 DONOVAN ROAD  
City ROSSMOOR State CA Zip Code 90720-2931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2119471830038**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. DAVID HANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 VIA CONOCIDO  
City SAN CLEMENTE State CA Zip Code 92673-7044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1215.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2119476730038**  
Amount of Each Receipt this Period **270.00**  
P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>512.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SAMUEL HO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266-3059

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR2119477930038**

Amount of Each Receipt this Period  
 307.60

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

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

Mailing Address 9 RIMROCK

City IRVINE State CA Zip Code 92603-3604

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR2119479130038**

Amount of Each Receipt this Period  
 50.00

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

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

Mailing Address 3562 REDWOOD

City IRVINE State CA Zip Code 92606-2124

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : PR2119479230038**

Amount of Each Receipt this Period  
 192.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 549.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LYNDA A PAXSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3924 E GARNET PL  
City State Zip Code  
HIGHLANDS RANCH CO 80126-5044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc Sr Field Acct Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : PR2119485830038**  
Amount of Each Receipt this Period  
**50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. AUSTIN PITTMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 LOCH RIDGE DRIVE  
City State Zip Code  
GREENSBORO NC 27408-3868  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc Pres Ntwks  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1215.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : PR2119486730038**  
Amount of Each Receipt this Period  
**270.00**  
P/R Deduction (\$135.00 Bi-Weekly)

**C. CYNTHIA POLICH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3401 E VIA PALOMITA  
City State Zip Code  
TUCSON AZ 85718-3371  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc M R Pres  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : PR2119486830038**  
Amount of Each Receipt this Period  
**200.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **520.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHERYL TANIGAWA MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5598 NAPLES CANAL

City State Zip Code  
LONG BEACH CA 90803-4018

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2119491130038**

Amount of Each Receipt this Period  
**100.00**

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

**B. STEVEN TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 12331 COUNTRY LANE

City State Zip Code  
SANTA ANA CA 92705-3330

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

Name of Employer Occupation  
United HealthCare Services Inc VP Regl Affs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2119492030038**

Amount of Each Receipt this Period  
**192.00**

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code  
KAUKAUNA WI 54130-7809

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2119492630038**

Amount of Each Receipt this Period  
**80.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>372.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. GREGORY WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13901 MAUVE DRIVE  
City SANTA ANA State CA Zip Code 92705-2649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Regn Pres  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2119494130038**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. FORREST BURKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 380 LEAF STREET  
City ORONO State MN Zip Code 55356-9733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Pres PS Labor Trust  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2133132430038**  
Amount of Each Receipt this Period **200.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**C. CHARLES HANSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4133 WHITE OAK LN  
City EXCELSIOR State MN Zip Code 55331-5702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealthcare Finance Occupation VP Underwriting  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2133133130038**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. BROR HULTGREN**

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401-2452

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

Name of Employer Occupation  
United HealthCare Services Inc Regn Pres

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : PR2133133230038**

Amount of Each Receipt this Period  
76.92

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

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436-2530

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

Name of Employer Occupation  
United HealthCare Services Inc Regn Exec Dir

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : PR2133133630038**

Amount of Each Receipt this Period  
70.00

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

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code  
DES PLAINES IL 60016-2119

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

Name of Employer Occupation  
United HealthCare Services Inc Pres Insurance Sols

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1737.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013  
**Transaction ID : PR2133133830038**

Amount of Each Receipt this Period  
386.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 532.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. T JEFFREY PUTNAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS	State MN	Zip Code 55419-1349
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Financial Plng Anlys
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2133134230038**

Amount of Each Receipt this Period  
384.60

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

**B. DIANE SCHIMMELBUSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2203 RIVER FALLS DRIVE

City KINGWOOD	State TX	Zip Code 77339-3124
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2133134630038**

Amount of Each Receipt this Period  
50.00

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

**C. ROBERT FALKENBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 WEATHERED OAK CT

City WESTERVILLE	State OH	Zip Code 43082-8304
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2145728430038**

Amount of Each Receipt this Period  
76.92

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	511.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ROB FARAHANI**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743-0704

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

Name of Employer United HealthCare Services Inc Occupation Dir IT Proj Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2145728530038**

Amount of Each Receipt this Period **76.92**

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

**B. MICHAEL SCHWARZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378-3155

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2145729730038**

Amount of Each Receipt this Period **70.00**

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

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

Mailing Address 5414 BYSCANE LANE

City MINNETONKA State MN Zip Code 55345-5601

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1737.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2145729930038**

Amount of Each Receipt this Period **386.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **532.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARGARET WEAR**

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602-2422

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

Name of Employer United HealthCare Services Inc Occupation VP Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2145730230038**

Amount of Each Receipt this Period  
**100.00**

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

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

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2162867630038**

Amount of Each Receipt this Period  
**384.60**

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

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

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer United HealthCare Services Inc Occupation VP Strat Initiv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2225166730038**

Amount of Each Receipt this Period  
**230.76**

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

**SUBTOTAL** of Receipts This Page (optional)..... **715.36**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANDREW SLAVITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 5125 MIRROR LAKES DRIVE

City	State	Zip Code
EDINA	MN	55436-1341

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

Name of Employer	Occupation
United HealthCare Services Inc	Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2225167430038**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 7 STRATFORD RD

City	State	Zip Code
FARMINGTON	CT	06032-1444

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2225813630038**

Amount of Each Receipt this Period  
115.40

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

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

Mailing Address 15348 RED OAKS ROAD SE

City	State	Zip Code
PRIOR LAKE	MN	55372-1834

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2225819330038**

Amount of Each Receipt this Period  
384.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2225819630038**

Amount of Each Receipt this Period 76.92

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921-7631

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

Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2225819730038**

Amount of Each Receipt this Period 153.84

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

**C. KAREN DIPALMO**  
Full Name (Last, First, Middle Initial)

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256-8408

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

Name of Employer Golden Rule Financial Corp. Occupation Dir Ntwk Prgms

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2231347230038**

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DARRELL RICHEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10823 MOORS END CIRCLE

City FISHERS State IN Zip Code 46038-2612

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

Name of Employer Golden Rule Financial Corp. Occupation Deputy Gen Counsel Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2231352330038**

Amount of Each Receipt this Period **160.00**

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

**B. MICHAEL CONNLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116-1730

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

Name of Employer United HealthCare Services Inc Occupation Chief Tech Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2247625830038**

Amount of Each Receipt this Period **200.00**

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

**C. JOSEPH CARCIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 CARRIAGE WAY

City WHITE PLAINS State NY Zip Code 10605-5424

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **519.30**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2247626830038**

Amount of Each Receipt this Period **115.40**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>475.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KEVIN KANTOLA</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 7031 HALSTEAD DRIVE		<b>Transaction ID : PR2247627030038</b>
City MINNETRISTA	State MN	Zip Code 55364-3201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer UHG IT	Occupation VP IT	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>B. DENNIS O'BRIEN</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 61 LOUGHLIN AVE		<b>Transaction ID : PR2247627330038</b>
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwk Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.30	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY VERNEY</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 266 WESTLEDGE ROAD		<b>Transaction ID : PR2247627430038</b>
City WEST SIMSBURY	State CT	Zip Code 06092-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.40
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 519.30	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DARRELL BROOKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH State MN Zip Code 55447-3457

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2247627630038**

Amount of Each Receipt this Period 57.70

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

**B. SANJAY GARODIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS State IL Zip Code 60514-1067

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

Name of Employer United HealthCare Services Inc Occupation COO IBS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2247627830038**

Amount of Each Receipt this Period 76.92

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

**C. DANIEL OHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City DULUTH State GA Zip Code 30097-6621

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.28

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2247628030038**

Amount of Each Receipt this Period 53.84

P/R Deduction (\$26.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 188.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1550

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2259738430038**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 1001 CONGRESS SUITE 300

City AUSTIN State TX Zip Code 78701-5002

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2270522930038**

Amount of Each Receipt this Period  
**76.92**

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

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

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55403-2906

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **978.30**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2364863230038**

Amount of Each Receipt this Period  
**217.40**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>488.32</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JEANNE DE SA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008-3017
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2402315930038**

Amount of Each Receipt this Period  

100.00
--------

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

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

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX	State AZ	Zip Code 85018-2931
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2402318230038**

Amount of Each Receipt this Period  

50.00
-------

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

**C. DIANE SOUZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 STANLEY DRIVE

City GLASTONBURY	State CT	Zip Code 06033-2624
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2402320030038**

Amount of Each Receipt this Period  

384.60
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P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>534.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5701 S JOSH WYATT DR

City State Zip Code  
SIOUX FALLS SD 57108-5225

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

Name of Employer Occupation  
United HealthCare Services Inc EVP Human Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1737.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR2402320230038**

Amount of Each Receipt this Period  
**386.00**

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

Full Name (Last, First, Middle Initial)  
**B. SHELLEY CRANLEY**

Mailing Address 3801 MAURICE COURT

City State Zip Code  
LAS VEGAS NV 89108-5245

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

Name of Employer Occupation  
UnitedHealthcare Corporate Dir Regl Affs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR2402444430038**

Amount of Each Receipt this Period  
**200.00**

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

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

Mailing Address 378 FERNDAL ROAD WEST

City State Zip Code  
WAYZATA MN 55391-1559

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

Name of Employer Occupation  
Claim & Provider Services SVP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.65**

Date of Receipt  
MM / DD / YYYY  
**04 / 30 / 2013**

**Transaction ID : PR2402445130038**

Amount of Each Receipt this Period  
**307.70**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>893.70</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

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

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2402445230038**

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 2816 MONTREAUX DRIVE

City FRISCO State TX Zip Code 75034-1855

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2402445330038**

Amount of Each Receipt this Period **130.00**

P/R Deduction (\$65.00 Bi-Weekly)

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

Mailing Address 11688 TANGLEWOOD DRIVE

City EDEN PRAIRIE State MN Zip Code 55347-4726

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1737.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2402445630038**

Amount of Each Receipt this Period **386.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **716.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOY HIGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2208 ELM AVENUE  
City MANHATTAN BEACH State CA Zip Code 90266-2809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2402446230038**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B. SOHINI JINDAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9300 IVY TREE LANE  
City GREAT FALLS State VA Zip Code 22066-2206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2402446330038**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. RUSSELL PETRELLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4612 MOORLAND AVENUE  
City EDINA State MN Zip Code 55424-1159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Regn Pres  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2402446430038**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CORY ALEXANDER</b>		Date of Receipt
Mailing Address 4203 BRADLEY LANE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHEVY CHASE	MD	20815-5234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>PR2405428830038</b>
United HealthCare Services Inc	VP Gov't Rel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1730.70"/>	<input type="text" value="384.60"/>
		P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. RODNEY ARMSTEAD</b>		Date of Receipt
Mailing Address 406 LEWELEN CIRCLE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ENGLEWOOD	NJ	07631-2021
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>PR2405430230038</b>
United HealthCare Services Inc	VP Ops	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="80.00"/>
		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. PETER WALSH</b>		Date of Receipt
Mailing Address 495 HIGHCROFT ROAD		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WAYZATA	MN	55391-1548
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>PR2405431130038</b>
United HealthCare Services Inc	Sr Deputy Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="873.00"/>	<input type="text" value="194.00"/>
		P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="658.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GAIL KOZIARA KOZIARA BOUDREAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 HOLDEN COURT  
 City LAKE FOREST State IL Zip Code 60045-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.79

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2437119530038**  
 Amount of Each Receipt this Period 384.62  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. DAVID K LIVINGSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24570 RIDGE POLE COURT  
 City SOUTH LYON State MI Zip Code 48178-8297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2437120230038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. JACK WEISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 NORTH 75 STREET  
 City SCOTTSDALE State AZ Zip Code 85250-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2437120530038**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	628.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. PAUL BALTHAZOR**

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
BROOKLYN PARK MN 55443-1754

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

Name of Employer Occupation  
United HealthCare Services Inc Bus Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR2437120730038**

Amount of Each Receipt this Period  
**120.00**

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

Full Name (Last, First, Middle Initial)  
**B. KELLY CLARK**

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code  
ROSEMOUNT MN 55068-3561

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

Name of Employer Occupation  
United HealthCare Services Inc Bus Segment CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR2437121330038**

Amount of Each Receipt this Period  
**76.92**

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

Full Name (Last, First, Middle Initial)  
**C. LAURA NESS**

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
WOODBURY MN 55129-4282

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

Name of Employer Occupation  
United HealthCare Services Inc VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
04 / 30 / 2013  
**Transaction ID : PR2437121530038**

Amount of Each Receipt this Period  
**78.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>274.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PETER RAINEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS State MN Zip Code 55410-1857

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2437127530038**

Amount of Each Receipt this Period 230.00

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

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

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.79

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2439928030038**

Amount of Each Receipt this Period 384.62

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

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

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815-3720

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2444265730038**

Amount of Each Receipt this Period 200.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19705 LAKEVIEW AVENUE

City EXCELSIOR State MN Zip Code 55331-9351

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

Name of Employer United HealthCare Services Inc Occupation CEO UMVS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2445015330038**

Amount of Each Receipt this Period **384.60**

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

**B. MARK DUHAIME**  
Full Name (Last, First, Middle Initial)

Mailing Address 5781 RUBY DRIVE

City TROY State MI Zip Code 48085-3922

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2445016930038**

Amount of Each Receipt this Period **78.00**

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

**C. EILEEN LIVERANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481-5400

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.30**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2460167230038**

Amount of Each Receipt this Period **55.40**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>518.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. KARIN KEITEL**

Mailing Address 3918 HAVEN ROAD

City State Zip Code  
MINNETONKA MN 55345-2371

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2460167630038**

Amount of Each Receipt this Period  
**100.00**

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

Full Name (Last, First, Middle Initial)  
**B. LARRY RENFRO**

Mailing Address 5 DOVE LANE

City State Zip Code  
ANDOVER MA 01810-2845

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

Name of Employer Occupation  
United HealthCare Services Inc EVP UHG CEO Optum

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2460168130038**

Amount of Each Receipt this Period  
**384.60**

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

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

Mailing Address 3370 SYCAMORE LANE

City State Zip Code  
PLYMOUTH MN 55441-2229

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

Name of Employer Occupation  
United HealthCare Services Inc Chief Compli Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.50**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2460168230038**

Amount of Each Receipt this Period  
**77.00**

P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>561.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ERIC WEXLER**

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324-3081

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2463723130038**

Amount of Each Receipt this Period  
**64.00**

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

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

Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD State PA Zip Code 19096-2511

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2480620530038**

Amount of Each Receipt this Period  
**250.00**

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

Full Name (Last, First, Middle Initial)  
**C. LILLIAN HECKMAN**

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2484542130038**

Amount of Each Receipt this Period  
**60.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>374.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 89  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MARK PHILLIPS**  
 Mailing Address 1760 LUCY RIDGE CT  
 City State Zip Code  
 CHANHASSEN MN 55317-7661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP SIs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2484542630038**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JERI KUBICKI**  
 Mailing Address 7659 COLDSTREAM DRIVE  
 City State Zip Code  
 CINCINNATI OH 45255-3932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Govt Rel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2486697830038**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. THOMAS MANDERFELD**  
 Mailing Address 4835 PENN AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55419-5258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2486697930038**  
 Amount of Each Receipt this Period  
 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 258.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2491457030038**

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO State IL Zip Code 60611-7435

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2491457530038**

Amount of Each Receipt this Period 194.00

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

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

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302-2533

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.65

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2540175330038**

Amount of Each Receipt this Period 307.70

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 701.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HYLLIUS EDWARDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201-4246
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2541300430038**

Amount of Each Receipt this Period  
**100.00**

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

**B. JOHN VERSAGGI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA	State VA	Zip Code 22302-3501
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **865.44**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2541300830038**

Amount of Each Receipt this Period  
**192.32**

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

**C. JOHN DOHERTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO	State CA	Zip Code 95819-1734
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2542024530038**

Amount of Each Receipt this Period  
**100.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>392.32</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BRENDAN HOSTETLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3643 N SEELEY AVENUE #2  
 City CHICAGO State IL Zip Code 60618-4925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2542541930038**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. JENNIFER MCMULLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 GLENBROOK DRIVE  
 City ATLANTA State GA Zip Code 30318-1621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2542542130038**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. RICHARD RAMSAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2542542230038**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. IPYANA SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer: United HealthCare Services Inc  
Occupation: Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR2542542330038**

Amount of Each Receipt this Period: 60.00

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

**B. CHANTA COMBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

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

Name of Employer: United HealthCare Services Inc  
Occupation: Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR2552313530038**

Amount of Each Receipt this Period: 76.92

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

**C. JEANNE PACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 458 MORENO ROAD

City WYNNEWOOD State PA Zip Code 19096-1124

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt: 04 / 30 / 2013  
**Transaction ID : PR2552313730038**

Amount of Each Receipt this Period: 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 214.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JEREMY BRYANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 11700 ARBORHILL DRIVE

City ZIONSVILLE State IN Zip Code 46077-9683

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552961330038**

Amount of Each Receipt this Period 70.00

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

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

Mailing Address 8508 TRELADY CT

City PLANO State TX Zip Code 75024-6827

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552962330038**

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 25932 PORTAFINO DRIVE

City MISSION VIEJO State CA Zip Code 92691-5716

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552962730038**

Amount of Each Receipt this Period 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552963230038**

Amount of Each Receipt this Period 78.00

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

**B. JARRETT JEDLICKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 554 SPRUCE ST

City EAGAN State MN Zip Code 55123-4914

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552963330038**

Amount of Each Receipt this Period 80.00

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

**C. THOMAS SCIUTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 ACORN LANE

City MILFORD State CT Zip Code 06461-1876

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552966130038**

Amount of Each Receipt this Period 78.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 236.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BARRY STREIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1604

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

Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2552966730038**

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061-1084

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

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2553475130038**

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-1151

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2553475430038**

Amount of Each Receipt this Period 194.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DENEEN VOJTA</b>		Date of Receipt
Mailing Address 5201 KELLOGG AVENUE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDINA	MN	55424-1304
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2553475530038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="386.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	SVP Bus Initiv Clin Aff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1737.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KARSTEN FLAGSTAD</b>		Date of Receipt
Mailing Address 13420 JAY ST NW		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ANDOVER	MN	55304-4015
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2554013030038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	VP Info Tech	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DANIEL CLUTE</b>		Date of Receipt
Mailing Address 7756 N 85TH STREET		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
OMAHA	NE	68122-1281
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2560064430038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="194.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="873.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="780.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. CRAIG GAGE**

Mailing Address 5724 EAGLEMOUNT CIRCLE

City	State	Zip Code
LITHIA	FL	33547-3840

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

Name of Employer	Occupation
United HealthCare Services Inc	Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560064730038**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 72 MIDNIGHT RIDGE DR

City	State	Zip Code
LAS VEGAS	NV	89135-1680

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

Name of Employer	Occupation
Health Plan of Nevada	Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1737.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560064930038**

Amount of Each Receipt this Period  
386.00

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

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

Mailing Address 512 W ORANGEWOOD AVE

City	State	Zip Code
PHOENIX	AZ	85021-7252

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560065130038**

Amount of Each Receipt this Period  
78.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	542.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2560065430038**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2560065530038**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073-3004

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2560065630038**

Amount of Each Receipt this Period  
**194.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **582.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. DAVID MILICH**

Mailing Address 2702 BIRCHMERE COURT

City KATY	State TX	Zip Code 77450-1303
--------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560066030038**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 4408 THOMAS AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55410-1968
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560398830038**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 20700 DELTA DRIVE

City GAITHERSBURG	State MD	Zip Code 20882-1121
----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2560821130038**

Amount of Each Receipt this Period  
76.92

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BRIAN LUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013
Mailing Address 464 EAST NORTH AVE		<b>Transaction ID : PR2561457630038</b>
City GRANTSBURG	State WI	Zip Code 54840-7423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Mgr Tax	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>B. LARRY W CAVANAUGH</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013
Mailing Address 520 NE 20TH ST # 1010		<b>Transaction ID : PR2563211030038</b>
City WILTON MANORS	State FL	Zip Code 33305-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Spc Ben Govt Dntl Sls Mgr	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN CRAMPTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013
Mailing Address 2335 SOUTH OCEAN BLVD B5		<b>Transaction ID : PR2563211130038</b>
City PALM BEACH	State FL	Zip Code 33480-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer United HealthCare Services Inc	Occupation Plan Pres	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	356.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JENNIFER WALSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON State VA Zip Code 22201-1614

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

Name of Employer: United HealthCare Services Inc  
Occupation: Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt: **04 / 30 / 2013**

**Transaction ID : PR2564296830038**

Amount of Each Receipt this Period: **194.00**

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

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

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS State MN Zip Code 55403-2823

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

Name of Employer: United HealthCare Services Inc  
Occupation: Bus Segment CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **04 / 30 / 2013**

**Transaction ID : PR2564297130038**

Amount of Each Receipt this Period: **200.00**

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

**C. STEPHEN SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 HUNTINGTON COURT

City KATY State TX Zip Code 77493-1159

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt: **04 / 30 / 2013**

**Transaction ID : PR2564297330038**

Amount of Each Receipt this Period: **78.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>472.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HARVEY BALTHASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11417 ARCHSTONE DR  
 City AUSTIN State TX Zip Code 78739-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564297530038**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PAUL HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18430 62ND PLACE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Controller Mkt Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564802730038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. ELIZABETH MORAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2231 BENT TREE LANE  
 City MENDOTA HEIGHTS State MN Zip Code 55120-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564803130038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KATHERINE KENNY**  
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882-2301

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564803230038**

Amount of Each Receipt this Period 78.00

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

**B. PAUL MARDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 718 HICKORY HILL RD

City FRANKLIN LAKES State NJ Zip Code 07417-1707

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564803330038**

Amount of Each Receipt this Period 78.00

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

**C. WILLIAM T MCENERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405-2507

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2564803630038**

Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 356.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. TAMMY O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code  
BROOKEVILLE MD 20833-3265

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

Name of Employer Occupation  
United HealthCare Services Inc SB VP Sls

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2564803930038**

Amount of Each Receipt this Period  
**78.00**

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

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

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416-4350

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2564804030038**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 310 SYCAMORE LANE

City State Zip Code  
PLYMOUTH MN 55441-5615

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

Name of Employer Occupation  
United HealthCare Services Inc VP Social Resp/Pres Found

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : PR2564804330038**

Amount of Each Receipt this Period  
**194.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>466.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JARROD FORBES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017-5029

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2564804530038**

Amount of Each Receipt this Period **80.00**

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

**B. WENDY ARNONE**  
Full Name (Last, First, Middle Initial)

Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS State WI Zip Code 53051-8335

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2568900530038**

Amount of Each Receipt this Period **100.00**

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

**C. KENDALL B MARSH**  
Full Name (Last, First, Middle Initial)

Mailing Address N72 W24078 CRAVEN DR

City SUSSEX State WI Zip Code 53089-1998

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

Name of Employer United HealthCare Services Inc Occupation SB Dir Acct Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2568900630038**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **258.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATTHEW STEARNS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5131 MASSACHUSETTS AVENUE

City	State	Zip Code
BETHESDA	MD	20816-2739

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2571777930038**

Amount of Each Receipt this Period  

78.00
-------

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

**B. BRUCE MOYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18426 MAGENTA BAY

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1051

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2571778330038**

Amount of Each Receipt this Period  

78.00
-------

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

**C. RICHARD ELLIOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 715 WOODSCAPE TRAIL

City	State	Zip Code
ALPHARETTA	GA	30022-3246

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2572588830038**

Amount of Each Receipt this Period  

78.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>234.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address **W5912 DEAN ROAD**

City **TOMAHAWK** State **WI** Zip Code **54487-8314**

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

Name of Employer **United HealthCare Services Inc** Occupation **Dir Finance**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2572589430038**

Amount of Each Receipt this Period **80.00**

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

Full Name (Last, First, Middle Initial)  
**B. KEVIN CARLSON**

Mailing Address **4909 WEST SUNNYSLOPE ROAD**

City **EDINA** State **MN** Zip Code **55424-1170**

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

Name of Employer **United HealthCare Services Inc** Occupation **Chief of Staff**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2572590030038**

Amount of Each Receipt this Period **78.00**

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

Full Name (Last, First, Middle Initial)  
**C. THERESA CLARKE**

Mailing Address **16652 1/2 GRAND AVE**

City **BELLFLOWER** State **CA** Zip Code **90706-5038**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2572591130038**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **236.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS WIFFLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City BOLINGBROOK State IL Zip Code 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2572992730038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. MICHAEL MCGINNITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 MCINDOE ST  
 City WAUSAU State WI Zip Code 54403-4976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2573519030038**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JOHN SICKELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 TALL OAKS  
 City WAUSAU State WI Zip Code 54403-8118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation TPA NA VP SIs AM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2573519130038**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JAMIE BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4625 EWING AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55410-1745
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2574988230038**

Amount of Each Receipt this Period  

78.00
-------

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

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

Mailing Address 4117 BRYANT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55409-1423
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2575030930038**

Amount of Each Receipt this Period  

194.00
--------

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

**C. CARY MCCARTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 RUMFIELD RD

City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131
------------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : PR2575059430038**

Amount of Each Receipt this Period  

78.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PHEBE CHAMPION**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5124 WEDMORE CT  
City NORTH LAS VEGAS State NV Zip Code 89031-0364  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2575108330038**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. SCOTT CASSANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8113 BANDOLEER CT  
City LAS VEGAS State NV Zip Code 89131-4561  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan of Nevada Occupation Dir Prov Svc  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2575164430038**  
Amount of Each Receipt this Period **200.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**C. MICHAEL PATRICK STAMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6721 MOSSY GLEN DR  
City FORT MYERS State FL Zip Code 33908-4771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Ops  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : PR2575194630038**  
Amount of Each Receipt this Period **80.00**  
P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOWARD GILPIN JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL State PA Zip Code 19422-3481

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575224930038**

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 4944 W 151ST TERRACE

City LEAWOOD State KS Zip Code 66224-9744

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

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575288930038**

Amount of Each Receipt this Period **78.00**

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

**C. DAVID WALSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2158 CARROLL AVENUE

City SAINT PAUL State MN Zip Code 55104-5042

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575312730038**

Amount of Each Receipt this Period **100.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **256.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3410 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-3262

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

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575326930038**

Amount of Each Receipt this Period **78.00**

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

**B. MICHAEL TELESKY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

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

Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP Sls

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575350930038**

Amount of Each Receipt this Period **78.00**

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

**C. JERI LOSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3524

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575419830038**

Amount of Each Receipt this Period **200.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>356.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074-2957

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575522330038**

Amount of Each Receipt this Period **250.00**

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

**B. MICHAEL PETEROY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575585630038**

Amount of Each Receipt this Period **78.00**

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

**C. TERENCE CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 COOPER AVENUE

City EDINA State MN Zip Code 55436-1315

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575636930038**

Amount of Each Receipt this Period **194.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **522.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. NANCY SUBLETTE</b>		Date of Receipt
Mailing Address 445 CLARA #24		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City SAINT LOUIS	State MO	Zip Code 63112-4507
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2575646930038</b>
Name of Employer: United HealthCare Services Inc		Amount of Each Receipt this Period
Occupation: PS Dir Strat Accts		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. RONALD GONG</b>		Date of Receipt
Mailing Address 2240 SOUTH MOON VIEW DRIVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City HACIENDA HEIGHTS	State CA	Zip Code 91745-5739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2575651530038</b>
Name of Employer: United HealthCare Services Inc		Amount of Each Receipt this Period
Occupation: M R Sls Dir		<input type="text" value="78.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
	<input type="text" value="351.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CARL ALLEN</b>		Date of Receipt
Mailing Address 8675 AZURE SKY DRIVE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City LAS VEGAS	State NV	Zip Code 89129-2227
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : PR2575669330038</b>
Name of Employer: Southwest Medical Assoc. Inc.		Amount of Each Receipt this Period
Occupation: Phys Dir		<input type="text" value="78.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
	<input type="text" value="351.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="256.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CARLOS ADAME</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 42584 WHISTLE COURT		<b>Transaction ID : PR2575755430038</b>
City TEMECULA	State CA	Zip Code 92592-7105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>B. DARREL FARKUS</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 15 WHITE OAK DRIVE		<b>Transaction ID : PR2575797530038</b>
City ASBURY	State NJ	Zip Code 08802-1155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Dvlp	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>C. LAURIE RUSSELL</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 3108 SONIA DRIVE		<b>Transaction ID : PR2575812130038</b>
City LAS VEGAS	State NV	Zip Code 89107-3246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. EDWARD SKOPAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 JOEL DR

City HEBRON State CT Zip Code 06248-1245

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575842730038**

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 405 MEADOW LANE

City BENSON State MN Zip Code 56215-1033

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575885030038**

Amount of Each Receipt this Period **194.00**

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

**C. MICHAEL MEDEIROS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7112 LANGMUIR DRIVE

City MCKINNEY State TX Zip Code 75071-4606

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

Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575930630038**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARC SALINAS**

Mailing Address 1630 ROCK RIDGE DRIVE

City PROSPER State TX Zip Code 75078-9728

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575967930038**

Amount of Each Receipt this Period **78.00**

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

Full Name (Last, First, Middle Initial)  
**B. JUDITH PERLMAN**

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City VINEYARD HAVEN State MA Zip Code 02568-5659

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575968930038**

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 8157 GARLAND LANE NORTH

City MAPLE GROVE State MN Zip Code 55311-1774

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

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : PR2575982830038**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARC BRIGGS**

Mailing Address 1608 RED TREE CT

City DRAPER State UT Zip Code 84020-7704

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2576001630038**

Amount of Each Receipt this Period  
**80.00**

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

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

Mailing Address 2700 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2806

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2576051630038**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 503 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1512

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1737.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : PR2576060030038**

Amount of Each Receipt this Period  
**386.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **660.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHANDRA TORGERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5433 10TH AVENUE SOUTH  
 City State Zip Code  
 MINNEAPOLIS MN 55417-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2576128630038**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. TERRI JACQUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10508 MORNING DROP AVE  
 City State Zip Code  
 LAS VEGAS NV 89129-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Plan of Nevada Assc Dir Preservice Review  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2576132430038**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JOHN FRIDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 782 PENFIELD DR  
 City State Zip Code  
 CAROL STREAM IL 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SB NA VP Sis/Gen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : PR2576147530038**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DAVID W BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 553 CAMBRIDGE ROAD  
 City TURNERSVILLE State NJ Zip Code 08012-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2576158830038**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DANIEL KENIRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5553 LITTLE FALLS ROAD  
 City ARLINGTON State VA Zip Code 22207-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 873.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : PR2577379330038**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36334.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Country Roads PAC**

Mailing Address PO Box 1387

City Charleston State WV Zip Code 25325

Purpose of Disbursement  
Contribution

011

Candidate Name

**Country Roads PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000751**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of John Barrow**

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John J. Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000752**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Chris Coons For Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Christopher A. Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000753**

Amount of Each Disbursement this Period

2500.00

Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Donnelly For Indiana**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Joseph S. Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000754**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Matheson For Congress**

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James D. Matheson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000755**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. New Democrat Coalition Political Action Committee AKA NDC PAC**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**New Democrat Coalition Political Action Committee AKA NDC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000756**

Amount of Each Disbursement this Period

5000.00

Contribution

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. David Lee Camp**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000758**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Eric I. Cantor**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000762**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Susan M. Collins**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

**Transaction ID : 36000763**

Amount of Each Disbursement this Period

1000.00

Contribution

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Inhofe Committee**

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. James M. Inhofe**

Office Sought:  House  
 Senate  
 President  
State: OK District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 36000768**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Invest In A Strong and Secure America - ISSA PAC**

Mailing Address PO Box 3799

City Vista State CA Zip Code 92085

Purpose of Disbursement  
Contribution

Candidate Name

**Invest In A Strong and Secure America - ISSA PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 36000769**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Freedom and Security PAC**

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Freedom and Security PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 36000770**

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017-8914

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000772**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Majority Initiative to Keep Electing Republicans Fund A.K.A. Mike R Fund**

Mailing Address PO Box 2485

City State Zip Code  
Springfield VA 22152-0485

Purpose of Disbursement  
Contribution

011

Candidate Name

Majority Initiative to Keep Electing Republicans Fund A.K.A. Mike R Fund

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000802**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road, Suit

City State Zip Code  
Columbus OH 43231-2098

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Patrick J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36000804**

Amount of Each Disbursement this Period

2500.00

Contribution

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann L. Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

**Transaction ID : 36000806**

Amount of Each Disbursement this Period

2500.00
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Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00
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58000.00
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