

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
UNITED HEALTH SERVICES PAC, INC.

ADDRESS (number and street) 211 East Doyle Street
 Check if different than previously reported. (ACC)
Toccoa GA 30577

2. **FEC IDENTIFICATION NUMBER** C00400135
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Chris Dowing
Signature of Treasurer Electronically Filed by Chris Dowing Date 07 27 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
UNITED HEALTH SERVICES PAC, INC.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		4568.89
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4568.89									
(c) Total Receipts (from Line 19)	67208.60	67208.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71777.49	71777.49								
7. Total Disbursements (from Line 31)	50105.00	50105.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21672.49	21672.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
UNITED HEALTH SERVICES PAC, INC.

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	63051.60	63051.60
(ii) Unitemized	3757.00	3757.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66808.60	66808.60
(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)	66808.60	66808.60
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.)	400.00	400.00
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 Transfer (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))	67208.60	67208.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67208.60	67208.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	49500.00	49500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	605.00	605.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	50105.00	50105.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50105.00	50105.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	66808.60	66808.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66808.60	66808.60
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: PAGE 6 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Tracy Adams

Mailing Address 4218 Dunham Park

City State Zip Code
Flowery Branch GA 30542

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

Name of Employer Occupation
UHS Pruitt Corporaton ED of United Rehab COR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4126

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Tracy Adams

Mailing Address 4218 Dunham Park

City State Zip Code
Flowery Branch GA 30542

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

Name of Employer Occupation
UHS Pruitt Corporaton ED of United Rehab COR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4336

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Tracy Adams

Mailing Address 4218 Dunham Park

City State Zip Code
Flowery Branch GA 30542

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

Name of Employer Occupation
UHS Pruitt Corporaton ED of United Rehab COR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Matthew Annis		Date of Receipt MM / DD / YYYY 01 / 16 / 2009		
	Mailing Address 211 Colonial Homes Drive		Transaction ID: SA11AI.4128		
	City Atlanta	State GA	Zip Code 30309	Amount of Each Receipt this Period 560.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UHS Pruitt Corporation	Occupation ED of Communications	Aggregate Year-to-Date 560.00		

B.	Full Name (Last, First, Middle Initial) Matthew Annis		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 211 Colonial Homes Drive		Transaction ID: SA11AI.4337		
	City Atlanta	State GA	Zip Code 30309	Amount of Each Receipt this Period 480.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UHS Pruitt Corporation	Occupation ED of Communications	Aggregate Year-to-Date 1040.00		

C.	Full Name (Last, First, Middle Initial) Matthew Annis		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 211 Colonial Homes Drive		Transaction ID: SA11AI.4416		
	City Atlanta	State GA	Zip Code 30309	Amount of Each Receipt this Period 560.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UHS Pruitt Corporation	Occupation ED of Communications	Aggregate Year-to-Date 1600.00		

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Suzanne Ashmore	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 8 Northridge Drive	Transaction ID: SA11AI.4130
	City State Zip Code Tallapoosa GA 30176	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Suzanne Ashmore	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 8 Northridge Drive	Transaction ID: SA11AI.4338
	City State Zip Code Tallapoosa GA 30176	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Suzanne Ashmore	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 8 Northridge Drive	Transaction ID: SA11AI.4417
	City State Zip Code Tallapoosa GA 30176	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional)	▶	1020.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Suzanne Ashmore	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 8 Northridge Drive	Transaction ID: SA11AI.4474
	City State Zip Code Tallapoosa GA 30176	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Laura Backus	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 7069 Heardville Rd	Transaction ID: SA11AI.4132
	City State Zip Code Cummings GA 30028	Amount of Each Receipt this Period 560.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

C.	Full Name (Last, First, Middle Initial) Laura Backus	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 7069 Heardville Rd	Transaction ID: SA11AI.4339
	City State Zip Code Cummings GA 30028	Amount of Each Receipt this Period 480.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation Ast VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	▶	1220.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Laura Backus

Mailing Address 7069 Heardville Rd

City State Zip Code
Cummings GA 30028

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

Name of Employer Occupation
UHS Pruitt Corporation Ast VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4418

Amount of Each Receipt this Period
560.00

B.

Full Name (Last, First, Middle Initial)
Joyce Barden

Mailing Address 1572 Thomson Rd

City State Zip Code
Washington GA 30673

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

Name of Employer Occupation
Heritage HC of Wilkes Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4136

Amount of Each Receipt this Period
210.00

C.

Full Name (Last, First, Middle Initial)
Kay Beckworth

Mailing Address 459 Plaintiff Terrace

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Occupation
UniHealth PAC-Fairburn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4138

Amount of Each Receipt this Period
310.00

SUBTOTAL of Receipts This Page (optional) ► **1080.00**

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 11 / 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Kay Beckworth

Mailing Address 459 Plaintain Terrace

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Occupation
UniHealth PAC-Fairburn Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4341

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Kay Beckworth

Mailing Address 459 Plaintain Terrace

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Occupation
UniHealth PAC-Fairburn Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Chris Bryson

Mailing Address 5719 Whitehall Walk

City State Zip Code
Dunwoody GA 30338

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

Name of Employer Occupation
UHS Pruitt Corporation Chief Operations Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1520.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

1520.00

SUBTOTAL of Receipts This Page (optional)

2170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Chris Bryson		Date of Receipt
	Mailing Address 5719 Whitehall Walk		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dunwoody	GA	30338
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UHS Pruitt Corporation		Occupation Chief Operations Officer	Transaction ID: SA11AI.4346
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2900.00"/>	<input type="text" value="1380.00"/>

B.	Full Name (Last, First, Middle Initial) Chris Bryson		Date of Receipt
	Mailing Address 5719 Whitehall Walk		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dunwoody	GA	30338
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UHS Pruitt Corporation		Occupation Chief Operations Officer	Transaction ID: SA11AI.4425
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="4510.00"/>	<input type="text" value="1610.00"/>

C.	Full Name (Last, First, Middle Initial) Christie Card		Date of Receipt
	Mailing Address 704 Cowboy Trail		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ellijay	GA	30540
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UHS Pruitt Corporation		Occupation Chief Clinical Officer	Transaction ID: SA11AI.4218
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3340.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Christie Card

Mailing Address 704 Cowboy Trail

City State Zip Code
Ellijay GA 30540

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

Name of Employer Occupation
UHS Pruitt Corporation Chief Clinical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4348

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Christie Card

Mailing Address 704 Cowboy Trail

City State Zip Code
Ellijay GA 30540

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

Name of Employer Occupation
UHS Pruitt Corporation Chief Clinical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Stewart Christopher

Mailing Address 13162 Lathene Drive

City State Zip Code
Alpharetta GA 30004

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

Name of Employer Occupation
UHS Pruitt Corporation Director of Financial Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period
140.00

SUBTOTAL of Receipts This Page (optional) ► **790.00**

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 14 / 52
(check only one)

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

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

NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Cecil Clifton

Mailing Address 115 Foxdale Drive

City Toccoa State GA Zip Code 30577

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

Name of Employer UHS Pruitt Corporation Occupation Sr VP of Legal Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4226
 Amount of Each Receipt this Period: 1050.00

B.

Full Name (Last, First, Middle Initial)
Cecil Clifton

Mailing Address 115 Foxdale Drive

City Toccoa State GA Zip Code 30577

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

Name of Employer UHS Pruitt Corporation Occupation Sr VP of Legal Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4355
 Amount of Each Receipt this Period: 900.00

C.

Full Name (Last, First, Middle Initial)
Cecil Clifton

Mailing Address 115 Foxdale Drive

City Toccoa State GA Zip Code 30577

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

Name of Employer UHS Pruitt Corporation Occupation Sr VP of Legal Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4432
 Amount of Each Receipt this Period: 1050.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 15 / 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Alton Collins

Mailing Address 1320 North Dogwood Rd

City State Zip Code
Woodville GA 30669

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

Name of Employer: Unichoice Environmental Service
Occupation: ED Environmental Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4356
Amount of Each Receipt this Period: 120.00

B.

Full Name (Last, First, Middle Initial)
Alton Collins

Mailing Address 1320 North Dogwood Rd

City State Zip Code
Woodville GA 30669

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

Name of Employer: Unichoice Environmental Service
Occupation: ED Environmental Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4433
Amount of Each Receipt this Period: 140.00

C.

Full Name (Last, First, Middle Initial)
Julia Compton

Mailing Address 130 Ayers Creek Drive

City State Zip Code
Toccoa GA 30577

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

Name of Employer: UHS Pruitt Corporation
Occupation: VP of Corp Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4233
Amount of Each Receipt this Period: 560.00

SUBTOTAL of Receipts This Page (optional) ► 820.00

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 16 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Julia Compton	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 130 Ayers Creek Drive	Transaction ID: SA11AI.4357
	City State Zip Code Toccoa GA 30577	Amount of Each Receipt this Period 480.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation VP of Corp Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

B.	Full Name (Last, First, Middle Initial) Julia Compton	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 130 Ayers Creek Drive	Transaction ID: SA11AI.4434
	City State Zip Code Toccoa GA 30577	Amount of Each Receipt this Period 560.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation VP of Corp Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

C.	Full Name (Last, First, Middle Initial) Ann Damon	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 972 Pecan Grove Place	Transaction ID: SA11AI.4237
	City State Zip Code Lawrenceville GA 30045	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation ED of Oper-Peach Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	1460.00
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 17 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Ann Damon

Mailing Address 972 Pecan Grove Place

City State Zip Code
Lawrenceville GA 30045

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

Name of Employer Occupation
UHS Pruitt Corporation ED of Oper-Peach Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period
360.00

B.

Full Name (Last, First, Middle Initial)
Ann Damon

Mailing Address 972 Pecan Grove Place

City State Zip Code
Lawrenceville GA 30045

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

Name of Employer Occupation
UHS Pruitt Corporation ED of Oper-Peach Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period
420.00

C.

Full Name (Last, First, Middle Initial)
Chris Downing

Mailing Address 2405 Cardinal Way

City State Zip Code
Tucker GA 30084

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

Name of Employer Occupation
UHS Pruitt Corporaton VP Governmental Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4108

Amount of Each Receipt this Period
770.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 18 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Chris Downing	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 2405 Cardinal Way	Transaction ID: SA11AI.4362
	City State Zip Code Tucker GA 30084	Amount of Each Receipt this Period 660.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UHS Pruitt Corporaton Occupation: VP Govermental Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1430.00	

B.	Full Name (Last, First, Middle Initial) Chris Downing	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 2405 Cardinal Way	Transaction ID: SA11AI.4439
	City State Zip Code Tucker GA 30084	Amount of Each Receipt this Period 870.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UHS Pruitt Corporaton Occupation: VP Govermental Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) David Dunbar	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 2780 Abbottswell Drive	Transaction ID: SA11AI.4441
	City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UHS Pruitt Corporation Occupation: Chief Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2530.00
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 19 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Melanie Dupont

Mailing Address 831 Donner Court

City Douglasville State GA Zip Code 30134

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4243
 Amount of Each Receipt this Period: 560.00

B.

Full Name (Last, First, Middle Initial)
Melanie Dupont

Mailing Address 831 Donner Court

City Douglasville State GA Zip Code 30134

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4363
 Amount of Each Receipt this Period: 480.00

C.

Full Name (Last, First, Middle Initial)
Melanie Dupont

Mailing Address 831 Donner Court

City Douglasville State GA Zip Code 30134

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4440
 Amount of Each Receipt this Period: 560.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 20 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Nichole Frazier		Date of Receipt
	Mailing Address P.O. Box 1022		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Toccoa	GA	30577
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4367
Name of Employer Unichoice Environmental Service		Occupation ED of Community Planning	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 260.00	<input type="text"/> 120.00

B.	Full Name (Last, First, Middle Initial) Nichole Frazier		Date of Receipt
	Mailing Address P.O. Box 1022		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Toccoa	GA	30577
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4476
Name of Employer Unichoice Environmental Service		Occupation ED of Community Planning	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 400.00	<input type="text"/> 140.00

C.	Full Name (Last, First, Middle Initial) Ronald Fuqua		Date of Receipt
	Mailing Address 106 Cottage Grove		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Peactree City	GA	30269
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4475
Name of Employer UHS Pruitt Corporaton		Occupation VP Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 260.00	<input type="text"/> 130.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 390.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A. Full Name (Last, First, Middle Initial)
Richard Gerhardt
Mailing Address 401 River Forest Drive
City McDonough State GA Zip Code 30252
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation VP of Health Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00
Date of Receipt 01 / 16 / 2009
Transaction ID: SA11AI.4261
Amount of Each Receipt this Period 770.00

B. Full Name (Last, First, Middle Initial)
Richard Gerhardt
Mailing Address 401 River Forest Drive
City McDonough State GA Zip Code 30252
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation VP of Health Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00
Date of Receipt 03 / 25 / 2009
Transaction ID: SA11AI.4369
Amount of Each Receipt this Period 660.00

C. Full Name (Last, First, Middle Initial)
Richard Gerhardt
Mailing Address 401 River Forest Drive
City McDonough State GA Zip Code 30252
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation VP of Health Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2200.00
Date of Receipt 06 / 25 / 2009
Transaction ID: SA11AI.4473
Amount of Each Receipt this Period 770.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00
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 22 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Morris Graybeal

Mailing Address 261 Tara Place

City Milledgeville State GA Zip Code 31061

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

Name of Employer Heritage Healthcare at Holy H Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4265
 Amount of Each Receipt this Period: 210.00

B.

Full Name (Last, First, Middle Initial)
Morris Graybeal

Mailing Address 261 Tara Place

City Milledgeville State GA Zip Code 31061

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

Name of Employer Heritage Healthcare at Holy H Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4371
 Amount of Each Receipt this Period: 90.00

C.

Full Name (Last, First, Middle Initial)
Carla Harris

Mailing Address 12928 Hutchenson Ferry Rd

City Palmetto State GA Zip Code 30228

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

Name of Employer United Clinical Services, Inc Occupation Senior Nurse Con

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4267
 Amount of Each Receipt this Period: 210.00

SUBTOTAL of Receipts This Page (optional) ► **510.00**

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 23 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Carla Harris		Date of Receipt
	Mailing Address 12928 Hutchenson Ferry Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Palmetto	GA	30228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4372
Name of Employer United Clinical Services, Inc		Occupation Senior Nurse Con	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 390.00	<input type="text"/> 180.00

B.	Full Name (Last, First, Middle Initial) Carla Harris		Date of Receipt
	Mailing Address 12928 Hutchenson Ferry Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Palmetto	GA	30228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4471
Name of Employer United Clinical Services, Inc		Occupation Senior Nurse Con	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 600.00	<input type="text"/> 210.00

C.	Full Name (Last, First, Middle Initial) Debra Harwell		Date of Receipt
	Mailing Address 3416 Avaglin Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gastonia	NC	28056
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4379
Name of Employer UHS Pruitt Corporation		Occupation Asst VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 640.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Jane Hopkins	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 119 Hickory Meadows Rd	Transaction ID: SA11AI.4104
	City State Zip Code Lexington SC 29072	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: United Rehab Occupation: Regional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Jane Hopkins	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 119 Hickory Meadows Rd	Transaction ID: SA11AI.4377
	City State Zip Code Lexington SC 29072	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: United Rehab Occupation: Regional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00	

C.	Full Name (Last, First, Middle Initial) Jane Hopkins	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 119 Hickory Meadows Rd	Transaction ID: SA11AI.4469
	City State Zip Code Lexington SC 29072	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: United Rehab Occupation: Regional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00	

SUBTOTAL of Receipts This Page (optional)	990.00
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 25 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) George Hunt		Date of Receipt	
	Mailing Address 737 Monticello Hwy		M M / D D / Y Y Y Y Y 01 / 16 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4271
	Gray	GA	31032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1050.00
Name of Employer UHS Pruitt Corporation		Occupation SR VP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1050.00		

B.	Full Name (Last, First, Middle Initial) George Hunt		Date of Receipt	
	Mailing Address 737 Monticello Hwy		M M / D D / Y Y Y Y Y 03 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4376
	Gray	GA	31032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
Name of Employer UHS Pruitt Corporation		Occupation SR VP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1950.00		

C.	Full Name (Last, First, Middle Initial) George Hunt		Date of Receipt	
	Mailing Address 737 Monticello Hwy		M M / D D / Y Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4468
	Gray	GA	31032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1050.00
Name of Employer UHS Pruitt Corporation		Occupation SR VP HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		3000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 26 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Jeffrey Jursik		Date of Receipt
	Mailing Address 4 Mimosa Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Moultrie	GA	31768
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Heritage HC of Moultrie		Occupation Administrator	Transaction ID: SA11AI.4381
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="120.00"/>

B.	Full Name (Last, First, Middle Initial) Jeffrey Jursik		Date of Receipt
	Mailing Address 4 Mimosa Ave		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Moultrie	GA	31768
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Heritage HC of Moultrie		Occupation Administrator	Transaction ID: SA11AI.4467
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="140.00"/>

C.	Full Name (Last, First, Middle Initial) Steven Kenrick		Date of Receipt
	Mailing Address 762 Winyah Dr		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	North Augusta	SC	29841
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UHS Pruitt Corporation		Occupation Videographer	Transaction ID: SA11AI.4481
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="275.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="535.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Carolyn Leeder

Mailing Address 3195 Brasswood Cout Apt

City State Zip Code
Greenville NC 27834

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

Name of Employer: United Clinical Services, Inc
Occupation: NAT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4382
Amount of Each Receipt this Period: 120.00

B.

Full Name (Last, First, Middle Initial)
Carolyn Leeder

Mailing Address 3195 Brasswood Cout Apt

City State Zip Code
Greenville NC 27834

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

Name of Employer: United Clinical Services, Inc
Occupation: NAT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4466
Amount of Each Receipt this Period: 140.00

C.

Full Name (Last, First, Middle Initial)
Laura McCray

Mailing Address 5590 Commons Lane

City State Zip Code
Alpharetta GA 30004

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

Name of Employer: United Rehab, Inc
Occupation: Regional Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4277
Amount of Each Receipt this Period: 230.00

SUBTOTAL of Receipts This Page (optional) ► 490.00

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 28 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Laura McCray

Mailing Address 5590 Commons Lane

City State Zip Code
Alpharetta GA 30004

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

Name of Employer Occupation
United Rehab, Inc Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4385

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Laura McCray

Mailing Address 5590 Commons Lane

City State Zip Code
Alpharetta GA 30004

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

Name of Employer Occupation
United Rehab, Inc Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4465

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Kevin Metz

Mailing Address 108 Royal Burgess Way

City State Zip Code
McDonough GA 30253

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

Name of Employer Occupation
UHS Pruitt Corporation VP of Comm Svc -

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period
870.00

SUBTOTAL of Receipts This Page (optional) ► **1520.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Kevin Metz		Date of Receipt MM / DD / YYYY 03 / 25 / 2009		
	Mailing Address 108 Royal Burgess Way		Transaction ID: SA11AI.4383		
	City McDonough	State GA	Zip Code 30253	Amount of Each Receipt this Period 780.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1650.00		
Name of Employer UHS Pruitt Corporation		Occupation VP of Comm Svc -			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kevin Metz		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 108 Royal Burgess Way		Transaction ID: SA11AI.4464		
	City McDonough	State GA	Zip Code 30253	Amount of Each Receipt this Period 910.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2560.00		
Name of Employer UHS Pruitt Corporation		Occupation VP of Comm Svc -			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Melvin Moses		Date of Receipt MM / DD / YYYY 01 / 16 / 2009		
	Mailing Address 684 Willoughby Way NE		Transaction ID: SA11AI.4281		
	City Atlanta	State GA	Zip Code 30312	Amount of Each Receipt this Period 660.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 660.00		
Name of Employer UHS Pruitt Corporation		Occupation Asst VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
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 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Melvin Moses

Mailing Address 684 Willoughby Way NE

City Atlanta State GA Zip Code 30312

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 03 / 25 / 2009

Transaction ID: SA11AI.4387

Amount of Each Receipt this Period 660.00

B.

Full Name (Last, First, Middle Initial)
Melvin Moses

Mailing Address 684 Willoughby Way NE

City Atlanta State GA Zip Code 30312

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 06 / 25 / 2009

Transaction ID: SA11AI.4463

Amount of Each Receipt this Period 770.00

C.

Full Name (Last, First, Middle Initial)
Lori Pearson

Mailing Address 1177 Annadale Drive

City Clarkesville State GA Zip Code 30523

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

Name of Employer UHS Pruitt Corporation Occupation VP Legal Svc & Asst Gen Coun

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 970.00

Date of Receipt 01 / 16 / 2009

Transaction ID: SA11AI.4283

Amount of Each Receipt this Period 970.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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 31 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial) Lori Pearson		Date of Receipt MM / DD / YYYY 03 / 25 / 2009	
Mailing Address 1177 Annadale Drive		Transaction ID: SA11AI.4388	
City Clarkesville	State GA	Zip Code 30523	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			
Name of Employer UHS Pruitt Corporation	Occupation VPLegal Svc & Asst Gen Coun		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1420.00		

B.

Full Name (Last, First, Middle Initial) Lori Pearson		Date of Receipt MM / DD / YYYY 06 / 25 / 2009	
Mailing Address 1177 Annadale Drive		Transaction ID: SA11AI.4462	
City Clarkesville	State GA	Zip Code 30523	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			
Name of Employer UHS Pruitt Corporation	Occupation VPLegal Svc & Asst Gen Coun		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1420.00		

C.

Full Name (Last, First, Middle Initial) Neil Pruitt, Jr		Date of Receipt MM / DD / YYYY 01 / 16 / 2009	
Mailing Address 4275 Lakehaven Drive		Transaction ID: SA11AI.4285	
City Atlanta	State GA	Zip Code 30319	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C			
Name of Employer UHS Pruitt Corporation	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Neil Pruitt, Jr	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 4275 Lakehaven Drive	Transaction ID: SA11AI.4389
	City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 1410.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2810.00	

B.	Full Name (Last, First, Middle Initial) Neil Pruitt, Jr	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 4275 Lakehaven Drive	Transaction ID: SA11AI.4461
	City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 1645.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4455.00	

C.	Full Name (Last, First, Middle Initial) Nancy Pruitt	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 326 E. Doyle Stree	Transaction ID: SA11AI.4292
	City State Zip Code Toccoa GA 30577	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHS Pruitt Corporation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional)	▶	4455.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Nancy Pruitt		Date of Receipt	
	Mailing Address 326 E. Doyle Stree		M M / D D / Y Y Y Y Y 03 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4390
	Toccoa	GA	30577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1200.00	
Name of Employer UHS Pruitt Corporation		Occupation Senior VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2600.00		

B.	Full Name (Last, First, Middle Initial) Nancy Pruitt		Date of Receipt	
	Mailing Address 326 E. Doyle Stree		M M / D D / Y Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4460
	Toccoa	GA	30577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1400.00	
Name of Employer UHS Pruitt Corporation		Occupation Senior VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		4000.00		

C.	Full Name (Last, First, Middle Initial) Johnnie Sheats		Date of Receipt	
	Mailing Address 2240 Woodbluff Way		M M / D D / Y Y Y Y Y 01 / 16 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4297
	Augusta	GA	30909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer United Clinical Services, Inc.		Occupation ED of Clinical Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		350.00		

SUBTOTAL of Receipts This Page (optional)	▶	2950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Johnnie Sheats

Mailing Address 2240 Woodbluff Way

City Augusta State GA Zip Code 30909

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

Name of Employer: United Clinical Services, Inc.
Occupation: ED of Clinical Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4394
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Johnnie Sheats

Mailing Address 2240 Woodbluff Way

City Augusta State GA Zip Code 30909

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

Name of Employer: United Clinical Services, Inc.
Occupation: ED of Clinical Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4457
 Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Steven Sheats

Mailing Address 1910 Morris Hills Rd

City Chattanooga State TN Zip Code 37421

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

Name of Employer: UHS Pruitt Corporation
Occupation: Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4307
 Amount of Each Receipt this Period: 560.00

SUBTOTAL of Receipts This Page (optional) ► **1210.00**

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 35 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
UNITED HEALTH SERVICES PAC, INC.

A. Full Name (Last, First, Middle Initial)
Steven Sheats
Mailing Address 1910 Morris Hills Rd
City State Zip Code
Chattanooga TN 37421
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UHS Pruitt Corporation Asst VP
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1040.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.4395
Amount of Each Receipt this Period
480.00

B. Full Name (Last, First, Middle Initial)
Steven Sheats
Mailing Address 1910 Morris Hills Rd
City State Zip Code
Chattanooga TN 37421
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UHS Pruitt Corporation Asst VP
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.4456
Amount of Each Receipt this Period
560.00

C. Full Name (Last, First, Middle Initial)
Juliette Simpson
Mailing Address 1144 Berne Street SE
City State Zip Code
Atlanta GA 30316
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UHS Pruitt Corporation AVP of Care Management
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9
Transaction ID: SA11AI.4299
Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1390.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Juliette Simpson

Mailing Address 1144 Berne Street SE

City Atlanta State GA Zip Code 30316

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

Name of Employer UHS Pruitt Corporation Occupation AVP of Care Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4396
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Juliette Simpson

Mailing Address 1144 Berne Street SE

City Atlanta State GA Zip Code 30316

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

Name of Employer UHS Pruitt Corporation Occupation AVP of Care Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: SA11AI.4489
 Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Kerry Smith

Mailing Address 1460 Stag Horn Trail

City Atlanta State GA Zip Code 30565

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

Name of Employer UHS Pruitt Corporation Occupation Reg Director of Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.4397
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 37 / 52
(check only one)

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

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

NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Kerry Smith

Mailing Address 1460 Stag Horn Trail

City Atlanta State GA Zip Code 30565

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

Name of Employer UHS Pruitt Corporation Occupation Reg Director of Hospice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 25 / 2009

Transaction ID: SA11AI.4454

Amount of Each Receipt this Period 350.00

B.

Full Name (Last, First, Middle Initial)
Robert B Struble

Mailing Address 1514 Thornhill Court

City Dunwoody State GA Zip Code 30338

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

Name of Employer UHS Pruitt Corporaton Occupation Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 25 / 2009

Transaction ID: SA11AI.4400

Amount of Each Receipt this Period 360.00

C.

Full Name (Last, First, Middle Initial)
Robert B Struble

Mailing Address 1514 Thornhill Court

City Dunwoody State GA Zip Code 30338

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

Name of Employer UHS Pruitt Corporaton Occupation Legal Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 25 / 2009

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period 420.00

SUBTOTAL of Receipts This Page (optional) ► **1130.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Charles Templeton	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 3344 Bellmeade Drive	Transaction ID: SA11AI.4315
	City State Zip Code Valdosta GA 31605	Amount of Each Receipt this Period 231.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HC of Parkwood Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.56	

B.	Full Name (Last, First, Middle Initial) Charles Templeton	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 3344 Bellmeade Drive	Transaction ID: SA11AI.4401
	City State Zip Code Valdosta GA 31605	Amount of Each Receipt this Period 198.48
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HC of Parkwood Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.04	

C.	Full Name (Last, First, Middle Initial) Charles Templeton	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 3344 Bellmeade Drive	Transaction ID: SA11AI.4445
	City State Zip Code Valdosta GA 31605	Amount of Each Receipt this Period 231.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HC of Parkwood Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.60	

SUBTOTAL of Receipts This Page (optional)	▶	661.60
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 39 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Walter Turner

Mailing Address 721 Taylor Street

City State Zip Code
Nashville GA 31639

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

Name of Employer: United Clinical Services, Inc.
Occupation: Clinical System Coord

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4402

Amount of Each Receipt this Period
120.00

B.

Full Name (Last, First, Middle Initial)
Walter Turner

Mailing Address 721 Taylor Street

City State Zip Code
Nashville GA 31639

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

Name of Employer: United Clinical Services, Inc.
Occupation: Clinical System Coord

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period
140.00

C.

Full Name (Last, First, Middle Initial)
Sheila Warren

Mailing Address 132 Imperial Drive

City State Zip Code
Martin GA 30557

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

Name of Employer: UHS Pruitt Corporation
Occupation: Reg Director of SOURCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4323

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ▶ **610.00**

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 40 / 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Sheila Warren

Mailing Address 132 Imperial Drive

City State Zip Code
Martin GA 30557

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

Name of Employer Occupation
UHS Pruitt Corporation Reg Director of SOURCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4404

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Sheila Warren

Mailing Address 132 Imperial Drive

City State Zip Code
Martin GA 30557

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

Name of Employer Occupation
UHS Pruitt Corporation Reg Director of SOURCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period
550.00

C.

Full Name (Last, First, Middle Initial)
Brian Warwick

Mailing Address P.O. Box 391

City State Zip Code
Elberton GA 30645

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

Name of Employer Occupation
UHS Pruitt Corporation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4325

Amount of Each Receipt this Period
560.00

SUBTOTAL of Receipts This Page (optional) ► **1410.00**

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 41 / 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Brian Warwick

Mailing Address P.O. Box 391

City State Zip Code
Elberton GA 30645

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

Name of Employer Occupation
UHS Pruitt Corporation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2009

Transaction ID: SA11AI.4405

Amount of Each Receipt this Period
480.00

B.

Full Name (Last, First, Middle Initial)
Brian Warwick

Mailing Address P.O. Box 391

City State Zip Code
Elberton GA 30645

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

Name of Employer Occupation
UHS Pruitt Corporation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.4449

Amount of Each Receipt this Period
560.00

C.

Full Name (Last, First, Middle Initial)
Lawrence Williams

Mailing Address P.O. Box 2438

City State Zip Code
Clarkesville GA 30523

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

Name of Employer Occupation
UHS Pruitt Corporation Sr VP of Dev & Plan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period
1525.00

SUBTOTAL of Receipts This Page (optional) ► **2565.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Lawrence Williams	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address P.O. Box 2438	Transaction ID: SA11AI.4407
	City State Zip Code Clarkesville GA 30523	Amount of Each Receipt this Period 1350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation Sr VP of Dev & Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2875.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Williams	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address P.O. Box 2438	Transaction ID: SA11AI.4451
	City State Zip Code Clarkesville GA 30523	Amount of Each Receipt this Period 1575.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation Sr VP of Dev & Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4450.00	

C.	Full Name (Last, First, Middle Initial) Nick Williams	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 2902 Parkridge Drive NE	Transaction ID: SA11AI.4406
	City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UHS Pruitt Corporation	Occupation ED of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	3225.00
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 / 52
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Nick Williams		Date of Receipt
	Mailing Address 2902 Parkridge Drive NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2009
	City	State	Zip Code
	Atlanta	GA	30319
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4450
Name of Employer UHS Pruitt Corporation		Occupation ED of Program Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00	<input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) Greg Wren		Date of Receipt
	Mailing Address 5886 Sun Ridge Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 16 / 2009
	City	State	Zip Code
	Clermont	GA	30527
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4313
Name of Employer UHS Pruitt Corporation		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	<input type="text"/> 660.00

C.	Full Name (Last, First, Middle Initial) Greg Wren		Date of Receipt
	Mailing Address 5886 Sun Ridge Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2009
	City	State	Zip Code
	Clermont	GA	30527
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4408
Name of Employer UHS Pruitt Corporation		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1320.00	<input type="text"/> 660.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1670.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 52	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Greg Wren		Date of Receipt	
	Mailing Address 5886 Sun Ridge Court		M M / D D / Y Y Y Y 06 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4452
	Clermont	GA	30527	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		770.00	
Name of Employer UHS Pruitt Corporation		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2090.00		

SUBTOTAL of Receipts This Page (optional)	770.00
TOTAL This Period (last page this line number only)	63051.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial) UNITED HEALTH SERVICES PAC, INC.		Date of Receipt																				
Mailing Address 211 East Doyle Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	9													
City	State	Zip Code																				
Toccoa	GA	30577																				
FEC ID number of contributing federal political committee.		Transaction ID: SA17.4499																				
C C00400135		Amount of Each Receipt this Period																				
		365.00																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00																				
<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	▶	365.00
TOTAL This Period (last page this line number only)	▶	365.00

A. Form/Schedule : **SA17**

Source of the funds are unknown and will be refunded August and will will reflect on next report

Transaction ID : **SA17.4499**

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)
UNITED HEALTH SERVICES PAC, INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AQNHC PAC</p> <p>Mailing Address 1001 Pennsylvania Ave NW Ste 600 South</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4172</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Caper For Senate</p> <p>Mailing Address 426 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4176</p> <p>Date of Disbursement 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Arlen Spectar</p> <p>Mailing Address 203 Maryland Ave Ne</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Citizens for Arlen Spectar</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4165</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
UNITED HEALTH SERVICES PAC, INC.

<p>A. Full Name (Last, First, Middle Initial) Committee to Re-Elect Hank Johnson</p> <p>Mailing Address 5240 Snapfinger Drive Ste 140</p> <p>City Decatur State GA Zip Code 30035</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4174</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4200</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DCCC</p> <p>Mailing Address 430 South Capitol Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4198</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
UNITED HEALTH SERVICES PAC, INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address 900 19th Street NW 8th Floor</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB23.4212</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 4201 Northview Drive Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB23.4188</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kissell for Congress</p> <p>Mailing Address 106 East Main Street</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB23.4190</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Kosmas for Congress	Transaction ID: SB23.4192 Date of Disbursement 05 / 29 / 2009
	Mailing Address 920 E 3rd Ave	Amount of Each Disbursement this Period 1000.00
	City New Smyrna Beach State FL Zip Code 32169	
	Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC	Transaction ID: SB23.4170 Date of Disbursement 03 / 16 / 2009
	Mailing Address 703 Green Valley Road Ste 201	Amount of Each Disbursement this Period 1000.00
	City Greensboro State NC Zip Code 27408	
	Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) National Republican Campaign Committee	Transaction ID: SB23.4211 Date of Disbursement 06 / 17 / 2009
	Mailing Address 320 First Street SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Campaign Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

<p>A. Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4213</p> <p>Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Stephens for Congress</p> <p>Mailing Address 2300 Bethelview Road Ste 110-450</p> <p>City Cumming State GA Zip Code 30040</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4205</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address P.O. Box 3498</p> <p>City Portland State OR Zip Code 97208</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4178</p> <p>Date of Disbursement 04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21000.00

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

49500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A.

Full Name (Last, First, Middle Initial)
Federal Election Commission

Mailing Address P.O. Box 979058

City State Zip Code
St Louis MO 63197

Purpose of Disbursement
Late Filing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)