



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="278838.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69518.65"/>	<input type="text" value="394522.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="348357.35"/>	<input type="text" value="755031.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="91750.00"/>	<input type="text" value="498424.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="256607.35"/>	<input type="text" value="256607.35"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58923.92	292702.12
(ii) Unitemized .....	10444.73	96669.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69368.65	389372.09
(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) .....	69368.65	389372.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	150.00	150.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69518.65	394522.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69518.65	394522.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	425000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	14.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	14.04
29. Other Disbursements .....	10250.00	73410.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91750.00	498424.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91750.00	498424.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69368.65	389372.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	14.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69368.65	389358.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. KARIN R O'HARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 7138 MCCANN COURT

City SAVAGE State MN Zip Code 55378-3600

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

Name of Employer United HealthCare Services Inc Occupation VP Accting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : 37223219**

Amount of Each Receipt this Period  
 38.46

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

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021-2958

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

Name of Employer Emp & Ind Shared Services Occupation Dir Mktg Rsch

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : 37223405**

Amount of Each Receipt this Period  
 20.00

**C. PAULA TIETJEN**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1380

City BOCA RATON State FL Zip Code 33429-1380

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : 37223763**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1058.46

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. SCOTT WAULTERS**

Mailing Address 4 HEMLOCK COURT

City State Zip Code  
MANALAPAN NJ 07726-4254

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

Name of Employer Occupation  
United HealthCare Services Inc Plan Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 06 / 2014  
**Transaction ID : 37321582**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. CHARLES THOMPSON**

Mailing Address 5217 EDGEWOOD ROAD

City State Zip Code  
LITTLE ROCK AR 72207-5413

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

Name of Employer Occupation  
United HealthCare Services Inc VP Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 20 / 2014  
**Transaction ID : 37321590**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code  
WEST WARWICK RI 02893-1985

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

Name of Employer Occupation  
United HealthCare Services Inc Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1159794634141**

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7540.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 127		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. KEITH W NOBLITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 SOUTH OAK POINTE DR  
 City SENECA State SC Zip Code 29672-6764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159805534141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. JAMES S WATSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 SHENANDOAH DR  
 City LINCOLN State NE Zip Code 68510-5159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159806034141**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. WAYNE F COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 GLENDEVON DRIVE  
 City AMBLER State PA Zip Code 19002-1859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159812834141**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DAVID S WICHMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 ANTRIM ROAD  
 City EDINA State MN Zip Code 55439-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159814734141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PATRICK J ERLANDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 OLD LONG LAKE ROAD  
 City WAYZATA State MN Zip Code 55391-9690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159815934141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PATRICIA R SAURO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8943 HIDDEN MEADOW R  
 City WOODBURY State MN Zip Code 55125-9138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1159816434141**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391-2259

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

Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1159816634141**

Amount of Each Receipt this Period  
 200.00

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

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

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391-1363

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1159816934141**

Amount of Each Receipt this Period  
 384.60

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

**C. PAUL D KALLMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 HERALD DR

City AMBLER State PA Zip Code 19002-1530

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1159817434141**

Amount of Each Receipt this Period  
 100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	684.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 4913 BRUCE AVE

City EDINA	State MN	Zip Code 55424-1113
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Bus Segment Gen Counsel
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1159817934141**

Amount of Each Receipt this Period  
194.00

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

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

Mailing Address 4307 BEECHWOOD LANE

City DALLAS	State TX	Zip Code 75220-1909
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1159819134141**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address PO BOX 72

City WAYZATA	State MN	Zip Code 55391-0072
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Consumr Hlth Med Care
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1159827434141**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	494.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JEANNINE M RIVET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4305 TRILLIUM WAY  
 City State Zip Code  
 MINNETRISTA MN 55364-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc EVP UnitedHlth Grp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1159830034141**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Mr. ANTHONY WELTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 SAIGON ROAD  
 City State Zip Code  
 MCLEAN VA 22102-2116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Sr Advsr to Office of CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1332013234141**  
 Amount of Each Receipt this Period  
 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ROBERT J BOHNENKAMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4925 WOODS COURT  
 City State Zip Code  
 GREENWOOD MN 55331-9291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Bus Segment CIO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR1551005634141**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	847.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 121 W VIEW STREET

City LOMBARD State IL Zip Code 60148-1659

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

Name of Employer Optum Services, Inc Occupation Dir Care Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1551005734141**

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073-3621

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

Name of Employer Optum Services, Inc Occupation Chief Growth Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1551133434141**

Amount of Each Receipt this Period 230.76

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

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

Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR State CT Zip Code 06074-2142

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

Name of Employer Optum Services, Inc Occupation Regn Exec Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1554323534141**

Amount of Each Receipt this Period 110.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.76

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KAREN L ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1575957634141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ERNEST MONFILETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3062 COMFORT ROAD  
 City NEW HOPE State PA Zip Code 18938-5622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1575958134141**  
 Amount of Each Receipt this Period 153.84  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. LEE D VALENTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 GOLF TERRACE  
 City EDINA State MN Zip Code 55424-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Government Solutions Occupation Pres Lif Scis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1575958534141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 923.04  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405-2350
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1580864734141**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 4516 DREXEL AVENUE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1580865334141**

Amount of Each Receipt this Period  
384.60

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

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

Mailing Address 735 SAINT MORITZ

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1596304134141**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	784.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9741 GLACIER BAY

City State Zip Code  
EDEN PRAIRIE MN 55347-2615

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014  
**Transaction ID : PR1596304334141**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 9346 SHETLAND ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347-3749

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

Name of Employer Occupation  
United HealthCare Services Inc VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014  
**Transaction ID : PR1596304634141**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 11582 RASPBERRY HILL ROAD

City State Zip Code  
EDEN PRAIRIE MN 55344-3268

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

Name of Employer Occupation  
United HealthCare Services Inc Mkt Group CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014  
**Transaction ID : PR1596305434141**

Amount of Each Receipt this Period  
384.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	662.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code  
 TAMPA FL 33606-3614

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1596306934141**

Amount of Each Receipt this Period  
 76.92

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

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code  
 EDINA MN 55424-1158

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

Name of Employer Occupation  
 United HealthCare Services Inc SVP Treasurer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1596307034141**

Amount of Each Receipt this Period  
 220.00

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

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code  
 TAMPA FL 33618-2149

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

Name of Employer Occupation  
 Optum Services, Inc Regn Exec Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1596309734141**

Amount of Each Receipt this Period  
 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.92

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

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

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

FOR LINE NUMBER: PAGE 19 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 28115 BOULDER BRIDGE DRIVE

City State Zip Code  
 EXCELSIOR MN 55331-7959

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

Name of Employer Occupation  
 United HealthCare Services Inc SVP Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1596312934141**

Amount of Each Receipt this Period  
 38.46

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

Full Name (Last, First, Middle Initial)  
**B. KURT A HEUMANN**

Mailing Address 9825 GERALD DR

City State Zip Code  
 SAINT LOUIS MO 63128-1767

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

Name of Employer Occupation  
 United HealthCare Services Inc VP Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1596313734141**

Amount of Each Receipt this Period  
 40.00

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

Full Name (Last, First, Middle Initial)  
**C. KATHLEEN A MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City State Zip Code  
 OMAHA NE 68135-1353

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

Name of Employer Occupation  
 United HealthCare Services Inc Exec Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR1596315434141**

Amount of Each Receipt this Period  
 76.92

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN H RENNICK JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE	State NC	Zip Code 28269-7705
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1596316834141**

Amount of Each Receipt this Period  
38.46

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

**B. DANIEL I ROSENTHAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 SLEEPY HOLLOW LANE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1596317334141**

Amount of Each Receipt this Period  
192.30

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1596317434141**

Amount of Each Receipt this Period  
192.30

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	423.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE State GA Zip Code 30024-8576

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR1596318434141**

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003-1607

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR1596319034141**

Amount of Each Receipt this Period **50.00**

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

**C. M LAURIE WASSERSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105-5205

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

Name of Employer United HealthCare Services Inc Occupation PS NA VP Clnt Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR1596319534141**

Amount of Each Receipt this Period **38.46**

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

**SUBTOTAL** of Receipts This Page (optional)..... **166.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MYRON R WERLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4260 FOXBERRY COURT

City MEDINA	State MN	Zip Code 55340-9390
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1596319634141**

Amount of Each Receipt this Period  
40.00

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

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

Mailing Address 1 ROXITICUS VIEW

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1600597334141**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL	State MN	Zip Code 55105-3343
--------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP GM PCM
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR1600598534141**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	318.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LEWIS G SANDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4800 SUNNYSLOPE ROAD E  
City EDINA State MN Zip Code 55424-1163  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1600598734141**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B. MATTHEW W PETERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20595 SPENCER LANE  
City EXCELSIOR State MN Zip Code 55331-4523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1602669934141**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. JEFFREY W MALONEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18076 CLEAR SPRING LANE  
City EDEN PRAIRIE State MN Zip Code 55347-1078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1613243534141**  
Amount of Each Receipt this Period 192.30  
P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	592.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 14 MYRA LN

City State Zip Code  
 BURLINGTON CT 06013-1327

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

Name of Employer Occupation  
 Optum Services, Inc VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1653443134141**

Amount of Each Receipt this Period  
 40.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code  
 EDINA MN 55435-4150

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

Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 2499.90

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1653443234141**

Amount of Each Receipt this Period  
 384.60

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55416-4346

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

Name of Employer Occupation  
 United HealthCare Services Inc VP Sls Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.10

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1653444334141**

Amount of Each Receipt this Period  
 115.40

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 127  
(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)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ELIZABETH DARCIE CORBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7985 LEA CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1669432234141**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Mr. MILES S SNOWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 KNOLLWOOD DRIVE  
 City ATLANTA State GA Zip Code 30305-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1746717834141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WILLIAM TALAMANTES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11618 ROLLING MEADOW DR  
 City GREAT FALLS State VA Zip Code 22066-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1806444734141**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 664.60  
**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 26 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code  
PRIOR LAKE MN 55372-3133

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

Name of Employer Occupation  
Optum Services, Inc COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1806750334141**

Amount of Each Receipt this Period  
76.92

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

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

Mailing Address 306C FORBES STREET

City State Zip Code  
ANNAPOLIS MD 21401-1524

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

Name of Employer Occupation  
United HealthCare Services Inc VP Bus Dvlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1903550734141**

Amount of Each Receipt this Period  
194.00

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

Full Name (Last, First, Middle Initial)  
**C. KATHLEEN L BISHOP-HEROUX**

Mailing Address 145 COTTAGE RD

City State Zip Code  
ENFIELD CT 06082-2208

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1903560834141**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 816 PROMONTORY PLACE

City State Zip Code  
 EAGAN MN 55123-2297

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

Name of Employer Occupation  
 Optum Services, Inc VP IT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1903577134141**

Amount of Each Receipt this Period  
 50.00

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

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

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code  
 WOODBURY MN 55125-9592

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

Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment COO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1903578134141**

Amount of Each Receipt this Period  
 200.00

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

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

Mailing Address 12880 53RD STREET NORTH

City State Zip Code  
 STILLWATER MN 55082-1063

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

Name of Employer Occupation  
 Optum Services, Inc VP Gen Mgmt

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR1903591134141**

Amount of Each Receipt this Period  
 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 328.00

**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 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JOHN C SANTELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20030 EXCELSIOR BLVD  
 City EXCELSIOR State MN Zip Code 55331-8727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1903622034141**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. PAUL D WEYMOUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 WRIGHTS MILL RD  
 City COVENTRY State CT Zip Code 06238-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1903636934141**  
 Amount of Each Receipt this Period 38.46  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. BRADLEY E ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1046 THORNBERRY CREEK DR  
 City ONEIDA State WI Zip Code 54155-8632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2119466834141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 278.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. RUSSELL A BENNETT</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 4 HALSEY AVE		<b>Transaction ID : PR2119468034141</b>
City LAGUNA NIGUEL	State CA	Zip Code 92677-5327
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KATHIE L BRYAN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 912 JOSHUA PLACE		<b>Transaction ID : PR2119469434141</b>
City SAN DIEGO	State CA	Zip Code 92154-2537
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Mrkting Comm	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. RICHARD A CROSS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 11361 DONOVAN ROAD		<b>Transaction ID : PR2119471834141</b>
City ROSSMOOR	State CA	Zip Code 90720-2931
FEC ID number of contributing federal political committee.	C	
Name of Employer Optum Services, Inc	Occupation Deputy Gen Counsel Mgr	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. KENNETH R DAVIS**

Mailing Address 315 N 71ST ST

City SEATTLE State WA Zip Code 98103-5019

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2119472534141**

Amount of Each Receipt this Period  
**40.00**

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

Full Name (Last, First, Middle Initial)  
**B. LINDA M DAYAN**

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815-3023

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

Name of Employer Optum Services, Inc Occupation Chief of Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2119472634141**

Amount of Each Receipt this Period  
**38.00**

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115-9456

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2119475234141**

Amount of Each Receipt this Period  
**40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>118.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 33 VIA CONOCIDO

City State Zip Code  
 SAN CLEMENTE CA 92673-7044

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1755.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2119476734141**

Amount of Each Receipt this Period  
 270.00

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

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

Mailing Address 4220 OCEAN DR

City State Zip Code  
 MANHATTAN BEACH CA 90266-3059

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1999.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2119477934141**

Amount of Each Receipt this Period  
 307.60

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

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

Mailing Address 9 RIMROCK

City State Zip Code  
 IRVINE CA 92603-3604

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2119479134141**

Amount of Each Receipt this Period  
 50.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JOHN D JONES</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2119479234141</b>
Mailing Address 3562 REDWOOD		Amount of Each Receipt this Period 192.00
City IRVINE	State CA	Zip Code 92606-2124
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1248.00	
Name of Employer Optum Services, Inc	Occupation VP Govt Rel	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HEATHER M MACE-MEADOR</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2119482534141</b>
Mailing Address 13531 CARLTON OAKS		Amount of Each Receipt this Period 40.00
City SAN ANTONIO	State TX	Zip Code 78232-4902
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 260.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Med Clin Ops	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KEITH E NYGARD</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2119485034141</b>
Mailing Address 1139 E OCEAN BOULEVARD #106		Amount of Each Receipt this Period 40.00
City LONG BEACH	State CA	Zip Code 90802-6521
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 260.00	
Name of Employer United HealthCare Services Inc	Occupation Compli Cnslt	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2119485834141**

Amount of Each Receipt this Period  

50.00
-------

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

**B. AUSTIN T PITTMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 LOCH RIDGE DRIVE

City GREENSBORO	State NC	Zip Code 27408-3868
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1755.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2119486734141**

Amount of Each Receipt this Period  

270.00
--------

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

**C. CYNTHIA L POLICH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3401 E VIA PALOMITA

City TUCSON	State AZ	Zip Code 85718-3371
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Strat Initiv
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2119486834141**

Amount of Each Receipt this Period  

200.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MARILYNN D STYERS**  
 Mailing Address 6485 WAYFINDERS CT  
 City State Zip Code  
 CARLSBAD CA 92011-4076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2119490734141**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CHERYL TANIGAWA MD**  
 Mailing Address 5598 NAPLES CANAL  
 City State Zip Code  
 LONG BEACH CA 90803-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Entrprs Hlth Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 961.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2119491134141**  
 Amount of Each Receipt this Period  
 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. STEVEN M TUCKER**  
 Mailing Address 12331 COUNTRY LANE  
 City State Zip Code  
 SANTA ANA CA 92705-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2119492034141**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 424.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address N2249 NICOLE COURT

City KAUKAUNA State WI Zip Code 54130-9462

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2119492634141**

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address 15442 NORTH 19TH WAY

City PHOENIX State AZ Zip Code 85022-3329

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

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2119493534141**

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705-2649

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2119494134141**

Amount of Each Receipt this Period **50.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. FORREST G BURKE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 380 LEAF STREET		<b>Transaction ID : PR2133132434141</b>
City ORONO	State MN	Zip Code 55356-9733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer United HealthCare Services Inc	Occupation Pres PS Labor Trust	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. BROR O HULTGREN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 408 22ND ST		<b>Transaction ID : PR2133133234141</b>
City GOLDEN	State CO	Zip Code 80401-2452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 264.42
Name of Employer United HealthCare Services Inc	Occupation Regn Pres	P/R Deduction (\$132.21 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 781.23	

Full Name (Last, First, Middle Initial) <b>C. ALLEN D MILLER</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 6209 CRESCENT DRIVE		<b>Transaction ID : PR2133133634141</b>
City EDINA	State MN	Zip Code 55436-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Optum Services, Inc	Occupation Regn Exec Dir	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	534.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SUSAN C MORISATO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 ARDMORE ROAD  
 City DES PLAINES State IL Zip Code 60016-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2133133834141**  
 Amount of Each Receipt this Period 386.00  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. T JEFFREY PUTNAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2133134234141**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DIANE M SCHIMMELBUSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 RIVER FALLS DRIVE  
 City KINGWOOD State TX Zip Code 77339-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2133134634141**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ROBERT C FALKENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 WEATHERED OAK CT  
 City WESTERVILLE State OH Zip Code 43082-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2145728434141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WAYNE MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19521 SIERRA SOTO RD  
 City IRVINE State CA Zip Code 92603-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2145729234141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. DANNETTE L SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7475 FLYING CLOUD DRIVE #402  
 City EDEN PRAIRIE State MN Zip Code 55344-3823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2145729934141**  
 Amount of Each Receipt this Period 386.00  
 P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 502.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 26091 RED CORRAL ROAD

City LAGUNA HILLS State CA Zip Code 92653-6310

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

Name of Employer Optum Services, Inc Occupation VP Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2145730234141**

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

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

Name of Employer Optum Services, Inc Occupation SVP Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2162867634141**

Amount of Each Receipt this Period **384.60**

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

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

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer Optum Services, Inc Occupation VP Strat Initiv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1499.94**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2225166734141**

Amount of Each Receipt this Period **230.76**

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

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANDREW M SLAVITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5125 MIRROR LAKES DRIVE  
 City State Zip Code  
 EDINA MN 55436-1341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Optum Exec  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2225167434141**  
 Amount of Each Receipt this Period  
 500.00  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. JEAN-FRANCOIS BEAULE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 STRATFORD RD  
 City State Zip Code  
 FARMINGTON CT 06032-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Hlth Advancement  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2225813634141**  
 Amount of Each Receipt this Period  
 115.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. MICHAEL MCGUIRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 437 DRURY LANE  
 City State Zip Code  
 WYCKOFF NJ 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2225818834141**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 655.40  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2225819334141**

Amount of Each Receipt this Period  
384.60

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

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2225819634141**

Amount of Each Receipt this Period  
76.92

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921-7631

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

Name of Employer Optum Services, Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2225819734141**

Amount of Each Receipt this Period  
153.84

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 615.36

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

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

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

FOR LINE NUMBER: PAGE 42 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KAREN A DIPALMO**  
 Mailing Address 7533 PRAIRIE VIEW DR  
 City State Zip Code  
 INDIANAPOLIS IN 46256-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Ntwk Prgms  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2231347234141**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DARRELL S RICHEY**  
 Mailing Address 10823 MOORS END CIRCLE  
 City State Zip Code  
 FISHERS IN 46038-2612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Deputy Gen Counsel Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2231352334141**  
 Amount of Each Receipt this Period  
 160.00  
 P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHAEL R CONNLY**  
 Mailing Address 570 MONTCALM PL  
 City State Zip Code  
 SAINT PAUL MN 55116-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Chief Tech Off  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2247625834141**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**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 43 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. JOSEPH R CARCIONE JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 CARRIAGE WAY  
 City State Zip Code  
 WHITE PLAINS NY 10605-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2247626834141**  
 Amount of Each Receipt this Period  
 115.40  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. KEVIN DAVID KANTOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7031 HALSTEAD DRIVE  
 City State Zip Code  
 MINNETRISTA MN 55364-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP IT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2247627034141**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. DENNIS P O'BRIEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 LOUGHLIN AVE  
 City State Zip Code  
 COS COB CT 06807-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Regn Pres  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2247627334141**  
 Amount of Each Receipt this Period  
 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JEFFERY RICHARD VERNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092-2017

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.10**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2247627434141**

Amount of Each Receipt this Period **115.40**

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

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

Mailing Address 282 MIDDLEDAUGH

City CLARENDON HILLS State IL Zip Code 60514-1067

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

Name of Employer Optum Services, Inc Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2247627834141**

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 8970 MOOR PARK RUN

City DULUTH State GA Zip Code 30097-6621

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.95**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2247628034141**

Amount of Each Receipt this Period **192.30**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>384.62</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JOHN M PRINCE</b>		Date of Receipt
Mailing Address 546 HARRINGTON ROAD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code WAYZATA MN 55391-1550		<b>Transaction ID : PR2259738434141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="194.00"/>
Name of Employer Optum Services, Inc	Occupation Optum Exec	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1261.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER L CRONN</b>		Date of Receipt
Mailing Address 800 W 38TH APT 9101		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code AUSTIN TX 78705-1199		<b>Transaction ID : PR2270522934141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.92"/>
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>C. JEANNE M DE SA</b>		Date of Receipt
Mailing Address 3000 TILDEN STREET NW #204-1		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code WASHINGTON DC 20008-3017		<b>Transaction ID : PR2402315934141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Corporate	Occupation VP Rsch	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="370.92"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ANGELA DAWN KEPLEY CARRIER</b>		Date of Receipt
Mailing Address 3219 PENINSULA DRIVE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
JAMESTOWN	NC	27282-8717
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2402317734141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Med Clin Ops	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARILYN LEVI-BAUMGARTEN</b>		Date of Receipt
Mailing Address 4800 W 27TH ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS PARK	MN	55416-1933
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2402317934141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
Optum Services, Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JAKE LOGAN</b>		Date of Receipt
Mailing Address 4826 EAST CALLE REDONDA		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
PHOENIX	AZ	85018-2931
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2402318234141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="234.20"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$117.10 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="977.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="314.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 47 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARIA MCCAULEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7511 4TH AVENUE DRIVE NW  
 City State Zip Code  
 BRADENTON FL 34209-7219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Dir Gen Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2402318434141**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. SHELLEY WIKE CRANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 MAURICE COURT  
 City State Zip Code  
 LAS VEGAS NV 89108-5245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Regl Affs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2402444434141**  
 Amount of Each Receipt this Period  
 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. JAY M ANLIKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 MOUNTAIN LANE  
 City State Zip Code  
 WAUSAU WI 54401-8543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc CEO TPA  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2402445034141**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 378 FERNDALE ROAD WEST

City	State	Zip Code
WAYZATA	MN	55391-1559

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2402445134141**

Amount of Each Receipt this Period  
307.70

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

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

Mailing Address 4720 WEST 66TH STREET

City	State	Zip Code
EDINA	MN	55435-1506

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Empl Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2402445234141**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726

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

Name of Employer	Occupation
Optum Services, Inc	Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2509.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2402445634141**

Amount of Each Receipt this Period  
386.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOY O HIGA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2208 ELM AVENUE

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

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

Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2402446234141**

Amount of Each Receipt this Period  

60.00
-------

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

**B. CORY ALEXANDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE	State MD	Zip Code 20815-5234
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gov't Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2405428834141**

Amount of Each Receipt this Period  

384.60
--------

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

**C. PETER H WALSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 495 HIGHCROFT ROAD

City WAYZATA	State MN	Zip Code 55391-1548
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2405431134141**

Amount of Each Receipt this Period  

194.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>638.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK State AZ Zip Code 85340-4424

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2408544834141**

Amount of Each Receipt this Period  
40.00

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

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

Mailing Address 2225 46TH ST NW

City WASHINGTON State DC Zip Code 20007-1032

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

Name of Employer Optum Services, Inc Occupation SVP State SIs Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2408545034141**

Amount of Each Receipt this Period  
40.00

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

**C. GAIL KOZIARA BOUDREAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 841 HOLDEN COURT

City LAKE FOREST State IL Zip Code 60045-4913

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

Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2437119534141**

Amount of Each Receipt this Period  
384.62

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	464.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JEFFREY SEAN CORZINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 EARLINGTON PARKWAY  
 City DUBLIN State OH Zip Code 43017-3424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2437119734141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. WILLIAM A HAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6536 E GREYTHORN DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2437120034141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JACK S WEISS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6245 NORTH 75 STREET  
 City SCOTTSDALE State AZ Zip Code 85250-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2437120534141**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. PAUL JOSEPH BALTHAZOR**  
 Mailing Address 9013 FARNSWORTH AVENUE NORTH  
 City State Zip Code  
 BROOKLYN PARK MN 55443-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2437120734141**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LAURA L NESS**  
 Mailing Address 10550 PINNACLE WAY  
 City State Zip Code  
 WOODBURY MN 55129-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Gen Mgmt  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2437121534141**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JOHN W COSGRIFF**  
 Mailing Address 1837 SUMMIT LANE  
 City State Zip Code  
 MENDOTA HEIGHTS MN 55118-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Chief of Staff  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2410.40

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2437121634141**  
 Amount of Each Receipt this Period  
 398.40  
 P/R Deduction (\$199.20 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PETER W RAINEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3115 WEST 47 STREET  
 City MINNEAPOLIS State MN Zip Code 55410-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2437127534141**  
 Amount of Each Receipt this Period 230.00  
 P/R Deduction (\$115.00 Bi-Weekly)

**B. ROBIN E LIPPERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 4 STREET SOUTH EAST  
 City WASHINGTON State DC Zip Code 20003-4212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2439928034141**  
 Amount of Each Receipt this Period 384.62  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. STEPHEN M HEYMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 SHERRILL AVENUE  
 City CHEVY CHASE State MD Zip Code 20815-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2444265734141**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	814.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DONALD S LANGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2445015434141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. AMY R ADLINGTON SHKABERIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4428 XERXES AVENUE S  
 City MINNEAPOLIS State MN Zip Code 55410-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2445016434141**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MARK J DUHAIME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5781 RUBY DRIVE  
 City TROY State MI Zip Code 48085-3922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2445016934141**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 424.60  
**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 55 OF 127  
(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)  
**UnitedHealth Group Incorporated PAC (United for Health)**

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

Mailing Address 264 LAKEWOOD DRIVE

City State Zip Code  
 BLOOMFIELD HILLS MI 48304-3531

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

Name of Employer Occupation  
 United HealthCare Services Inc Med Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 593.19

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2445017134141**

Amount of Each Receipt this Period  
 91.26

P/R Deduction (\$45.63 Bi-Weekly)

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

Mailing Address 100 BOSTOCK ROAD

City State Zip Code  
 SHOKAN NY 12481-5400

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

Name of Employer Occupation  
 United HealthCare Services Inc Dir Cust Service

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.10

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2460167234141**

Amount of Each Receipt this Period  
 55.40

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

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

Mailing Address 9958 BUTTOWDOWN LANE

City State Zip Code  
 ZIONSVILLE IN 46077-8135

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2460167334141**

Amount of Each Receipt this Period  
 40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 186.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LARRY C RENFRO</b>		Date of Receipt
Mailing Address 5 DOVE LANE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
ANDOVER	MA	01810-2845
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2460168134141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
Optum Services, Inc	EVP UHG CEO Optum	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2499.90"/>	

Full Name (Last, First, Middle Initial) <b>B. DAVID B ORBUCH</b>		Date of Receipt
Mailing Address 3370 SYCAMORE LANE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLYMOUTH	MN	55441-2229
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2460168234141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	P/R Deduction (\$96.15 Bi-Weekly)
Optum Services, Inc	Optum Exec	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1249.95"/>	

Full Name (Last, First, Middle Initial) <b>C. ERIC J WEXLER</b>		Date of Receipt
Mailing Address 7220 WILLOW OAK DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WEST BLOOMFIELD	MI	48324-3081
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR2463723134141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="64.00"/>
Name of Employer	Occupation	P/R Deduction (\$32.00 Bi-Weekly)
United HealthCare Services Inc	Bus Segment Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="640.90"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KAREN L WALKOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6359 COUNTRY ROAD  
 City EDEN PRAIRIE State MN Zip Code 55346-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2463723434141**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. SUE SCHICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 GREYTHORNE ROAD  
 City WYNNEWOOD State PA Zip Code 19096-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2325.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2480620534141**  
 Amount of Each Receipt this Period 390.00  
 P/R Deduction (\$195.00 Bi-Weekly)

**C. LILLIAN R HECKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 552 DEER LAKE CIRCLE  
 City BLUE BELL State PA Zip Code 19422-1371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2484542134141**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MARK A PHILLIPS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2484542634141</b>
Mailing Address 1760 LUCY RIDGE CT		Amount of Each Receipt this Period 192.30
City CHANHASSEN	State MN	Zip Code 55317-7661
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP SIs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	

Full Name (Last, First, Middle Initial) <b>B. JERI G KUBICKI</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2486697834141</b>
Mailing Address 7659 COLDSTREAM DRIVE		Amount of Each Receipt this Period 384.60
City CINCINNATI	State OH	Zip Code 45255-3932
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name (Last, First, Middle Initial) <b>C. THOMAS B MANDERFELD</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2486697934141</b>
Mailing Address 4835 PENN AVENUE SOUTH		Amount of Each Receipt this Period 80.00
City MINNEAPOLIS	State MN	Zip Code 55419-5258
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	656.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2491457034141**

Amount of Each Receipt this Period  
 200.00

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

**B. DONALD H NATHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 GREENWICH STREET #30

City NEW YORK State NY Zip Code 10007-2150

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1176.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2491457334141**

Amount of Each Receipt this Period  
 588.22

P/R Deduction (\$294.11 Bi-Weekly)

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO State IL Zip Code 60611-7435

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2491457534141**

Amount of Each Receipt this Period  
 194.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	982.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302-2533

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2540175334141**

Amount of Each Receipt this Period  
384.60

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

**B. HYLLIUS R EDWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER State CO Zip Code 80201-4246

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2541300434141**

Amount of Each Receipt this Period  
100.00

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

**C. PATRICIA A PURDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7417 LYNNHURST STREET

City CHEVY CHASE State MD Zip Code 20815-3101

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1223.95

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2541300634141**

Amount of Each Receipt this Period  
196.30

P/R Deduction (\$98.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 680.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOELLE M TIERNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5710 TAYCHOPERA RD

City MADISON State WI Zip Code 53705-1020

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.28**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2541300734141**

Amount of Each Receipt this Period **76.88**

P/R Deduction (\$38.44 Bi-Weekly)

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.08**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2541300834141**

Amount of Each Receipt this Period **192.32**

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

**C. BRENDAN HOSTETLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W WINNEMAC AVE

City CHICAGO State IL Zip Code 60625-1817

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2542541934141**

Amount of Each Receipt this Period **60.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **329.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RICHARD E RAMSAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2542542234141**

Amount of Each Receipt this Period  
**100.00**

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

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

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2542542334141**

Amount of Each Receipt this Period  
**60.00**

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

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

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2552313534141**

Amount of Each Receipt this Period  
**76.92**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>236.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ALLISON DAVENPORT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3242 MIDVALE AVE  
 City PHILADELPHIA State PA Zip Code 19129-1012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552313634141**  
 Amount of Each Receipt this Period 540.00  
 P/R Deduction (\$270.00 Bi-Weekly)

**B. JEANNE M PACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 MORENO ROAD  
 City WYNNEWOOD State PA Zip Code 19096-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552313734141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JEFFREY D ALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 WOODLAND ROAD  
 City PORT JEFFERSON State NY Zip Code 11777-1053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.05

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552960234141**  
 Amount of Each Receipt this Period 307.70  
 P/R Deduction (\$153.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.70  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JEREMY VAUGHN BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11700 ARBORHILL DRIVE  
 City ZIONSVILLE State IN Zip Code 46077-9683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552961334141**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. SCOTT F FLANNERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552962334141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CLAIRE L HANNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25932 PORTAFINO DRIVE  
 City MISSION VIEJO State CA Zip Code 92691-5716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2552962734141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code  
 LARGO FL 33774-1009

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

Name of Employer Occupation  
 Optum Services, Inc Sr Med Dir

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 856.64

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2552963234141**

Amount of Each Receipt this Period  
 252.82

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

Full Name (Last, First, Middle Initial)  
**B. NARASIMHAN KIDAMBI**

Mailing Address 18477 85TH AVE N

City State Zip Code  
 MAPLE GROVE MN 55311-1663

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

Name of Employer Occupation  
 United HealthCare Services Inc Assc Dir Bus Anlys

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2552963834141**

Amount of Each Receipt this Period  
 40.00

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

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

Mailing Address 6268 ORCHARD PARK

City State Zip Code  
 FRISCO TX 75034-5126

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

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

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1249.95

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2552964234141**

Amount of Each Receipt this Period  
 192.30

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 485.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. THOMAS D SCIUTO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 ACORN LANE

City MILFORD	State CT	Zip Code 06461-1876
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2552966134141**

Amount of Each Receipt this Period  

78.00
-------

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

**B. BARRY R STREIT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5421 KELLOGG AVENUE

City EDINA	State MN	Zip Code 55424-1604
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation RVP Medicr Field Sls
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2552966734141**

Amount of Each Receipt this Period  

78.00
-------

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

**C. MONICA L RAYBURN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 688 WEST SYCAMORE

City VERNON HILLS	State IL	Zip Code 60061-1084
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2553475134141**

Amount of Each Receipt this Period  

78.00
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P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>234.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5121 DUPONT AVENUE SOUTH

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2553475434141**

Amount of Each Receipt this Period  
194.00

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

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

Mailing Address 5201 KELLOGG AVENUE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2509.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2553475534141**

Amount of Each Receipt this Period  
386.00

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

**C. KARSTEN S FLAGSTAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13420 JAY ST NW

City ANDOVER	State MN	Zip Code 55304-4015
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2554013034141**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DANIEL J CLUTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7756 N 85TH STREET

City OMAHA State NE Zip Code 68122-1281

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2560064434141**

Amount of Each Receipt this Period  
 194.00

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

**B. CRAIG W GAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 BAYSHORE BLVD UNIT 1407

City TAMPA State FL Zip Code 33606-2331

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2560064734141**

Amount of Each Receipt this Period  
 78.00

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

**C. DONALD J GIANCURSIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS State NV Zip Code 89135-1680

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

Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2509.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : PR2560064934141**

Amount of Each Receipt this Period  
 386.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	658.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JERI L JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **705.14**

Date of Receipt  
**06 / 30 / 2014**

**Transaction ID : PR2560065134141**

Amount of Each Receipt this Period  
**276.14**

P/R Deduction (\$138.07 Bi-Weekly)

**B. SHELDON LIPPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt  
**06 / 30 / 2014**

**Transaction ID : PR2560065434141**

Amount of Each Receipt this Period  
**194.00**

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

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

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt  
**06 / 30 / 2014**

**Transaction ID : PR2560065534141**

Amount of Each Receipt this Period  
**194.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>664.14</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 191 MAIN ST

City State Zip Code  
S GLASTONBURY CT 06073-3004

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

Name of Employer Occupation  
United HealthCare Services Inc SVP Act Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2560065634141**

Amount of Each Receipt this Period  
194.00

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

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

Mailing Address 2702 BIRCHMERE COURT

City State Zip Code  
KATY TX 77450-1303

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

Name of Employer Occupation  
United HealthCare Services Inc Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2560066034141**

Amount of Each Receipt this Period  
78.00

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

Full Name (Last, First, Middle Initial)  
**C. TIMOTHY J NOEL**

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55410-1968

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

Name of Employer Occupation  
United HealthCare Services Inc SVP Prd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.10

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2560398834141**

Amount of Each Receipt this Period  
207.22

P/R Deduction (\$103.61 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 479.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 20700 DELTA DRIVE

City Gaithersburg State MD Zip Code 20882-1121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.98**

Date of Receipt: **06 / 30 / 2014**

**Transaction ID : PR2560821134141**

Amount of Each Receipt this Period: **276.92**

P/R Deduction (\$138.46 Bi-Weekly)

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

Mailing Address 464 EAST NORTH AVE

City Grantsburg State WI Zip Code 54840-7423

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

Name of Employer: United HealthCare Services Inc  
Occupation: Mgr Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt: **06 / 30 / 2014**

**Transaction ID : PR2561457634141**

Amount of Each Receipt this Period: **78.00**

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

**C. LARRY W CAVANAUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 NE 20TH ST # 1010

City Wilton Manors State FL Zip Code 33305-2162

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

Name of Employer: United HealthCare Services Inc  
Occupation: Spc Ben Govt Dntl Sls Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt: **06 / 30 / 2014**

**Transaction ID : PR2563211034141**

Amount of Each Receipt this Period: **78.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>432.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JENNIFER F WALSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROBERTA COURT

City MCLEAN	State VA	Zip Code 22101-2114
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2564296834141**

Amount of Each Receipt this Period  
194.00

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

**B. ANDREW C MACKENZIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS	State MN	Zip Code 55403-2823
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CMO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2564297134141**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 3001 HUNTINGTON COURT

City KATY	State TX	Zip Code 77493-1159
--------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2564297334141**

Amount of Each Receipt this Period  
78.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	472.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HARVEY J BALTHASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3103 FLEECE FLOWER COVE  
 City State Zip Code  
 AUSTIN TX 78735-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Med Dir  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2564297534141**  
 Amount of Each Receipt this Period  
 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. CHRISTOPHER CHARLES CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12801 OVERLOOK ROAD  
 City State Zip Code  
 DAYTON MN 55327-9678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Gen Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2564802634141**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. PAUL DANIEL HANSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18430 62ND PLACE NORTH  
 City State Zip Code  
 MAPLE GROVE MN 55311-4585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Controller Mkt Group  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2564802734141**  
 Amount of Each Receipt this Period  
 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KATHERINE L KENNY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22408 FITZGERALD DRIVE  
 City LAYTONSVILLE State MD Zip Code 20882-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2564803234141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PAUL O MARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2564803334141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. TAMMY A O'HARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2420 SAINT GEORGE WAY  
 City BROOKEVILLE State MD Zip Code 20833-3265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2564803934141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DEBRA J BERNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3209 GALLERIA  
UNIT 1705

City EDINA State MN Zip Code 55435-2556

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

Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2564804034141**

Amount of Each Receipt this Period  
194.00

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

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

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-5615

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

Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2564804334141**

Amount of Each Receipt this Period  
194.00

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

**C. JARROD A FORBES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017-5029

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2564804534141**

Amount of Each Receipt this Period  
80.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 468.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHRISTOPHER A PARRILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9501 WEXCROFT DRIVE  
 City BRENWOOD State TN Zip Code 37027-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.65

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2571778234141**  
 Amount of Each Receipt this Period 98.66  
 P/R Deduction (\$49.33 Bi-Weekly)

**B. BRUCE E MOYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18426 MAGENTA BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2571778334141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JEFFREY P DEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5912 DEAN ROAD  
 City TOMAHAWK State WI Zip Code 54487-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2572589434141**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 256.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KEVIN JAMES CARLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 WEST SUNNYSLOPE ROAD  
 City EDINA State MN Zip Code 55424-1170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2572590034141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. THERESA M CLARKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16652 1/2 GRAND AVE  
 City BELLFLOWER State CA Zip Code 90706-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2572591134141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. THOMAS P WIFFLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City BOLINGBROOK State IL Zip Code 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2572992734141**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MICHAEL J MCGINNITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 903 MCINDOE ST  
 City WAUSAU State WI Zip Code 54403-4976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2573519034141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. HEATHER R CIANFROCCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2799 WEST BARDONNER ROAD  
 City GIBSONIA State PA Zip Code 15044-8462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 694.40

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2574986234141**  
 Amount of Each Receipt this Period 277.76  
 P/R Deduction (\$138.88 Bi-Weekly)

**C. JAMIE BURNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4625 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2574988234141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 433.76  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55409-1423

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575030934141**

Amount of Each Receipt this Period  
194.00

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

**B. JENNIFER M O'BRIEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 BENT TREE LANE

City State Zip Code  
EAGAN MN 55123-3054

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

Name of Employer Occupation  
United HealthCare Services Inc Chief Compli Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1257.18

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575034534141**

Amount of Each Receipt this Period  
581.72

P/R Deduction (\$290.86 Bi-Weekly)

**C. CARY J MCCARTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8800 RUMFIELD RD

City State Zip Code  
NORTH RICHLAND HILLS TX 76182-6131

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

Name of Employer Occupation  
United HealthCare Services Inc VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575059434141**

Amount of Each Receipt this Period  
78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 853.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SANDRA B NICHOLS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12706 YOUNG LANE  
 City NORTH POTOMAC State MD Zip Code 20878-6112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575074534141**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. GLEN J GOLEMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 MAGNOLIA ALY  
 City MANDEVILLE State LA Zip Code 70471-3068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575098834141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CHARLES JACOBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3315 IRVING AVE  
 City MINNEAPOLIS State MN Zip Code 55408-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575099234141**  
 Amount of Each Receipt this Period 32.00  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PHEBE M CHAMPION**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5124 WEDMORE CT

City NORTH LAS VEGAS	State NV	Zip Code 89031-0364
-------------------------	-------------	------------------------

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

Name of Employer Health Plan of Nevada	Occupation Dir Cust Service
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575108334141**

Amount of Each Receipt this Period  
50.00

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

**B. RON JONES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10066 ESCAMBIA BAY CT

City NAPLES	State FL	Zip Code 34120-4621
----------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Pres Prov Sols
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575163534141**

Amount of Each Receipt this Period  
250.00

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

**C. SCOTT G CASSANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7607 MAPLE MEADOW STREET

City LAS VEGAS	State NV	Zip Code 89131-4665
-------------------	-------------	------------------------

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

Name of Employer Health Plan of Nevada	Occupation Dir Prov Svc
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575164434141**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3109 SHADY SPRINGS DRIVE

City	State	Zip Code
LOUISVILLE	KY	40299-4575

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

Name of Employer	Occupation
United HealthCare Services Inc	PS Sr SIs Exe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575180734141**

Amount of Each Receipt this Period  

38.46
-------

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

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

Mailing Address 6721 MOSSY GLEN DR

City	State	Zip Code
FORT MYERS	FL	33908-4771

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575194634141**

Amount of Each Receipt this Period  

80.00
-------

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

**C. ANDREW C SEKEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6010 LONESOME VALLEY TRAIL

City	State	Zip Code
AUSTIN	TX	78731-3749

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

Name of Employer	Occupation
Optum Services, Inc	CEO Spclty Ntwk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2575223734141**

Amount of Each Receipt this Period  

250.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>368.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOWARD CHARLES GILPIN JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 SHEPARD DRIVE  
 City BLUE BELL State PA Zip Code 19422-3481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Act Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575224934141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. THOMAS C CHOATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 SOUTHPOND RD  
 City GLASTONBURY State CT Zip Code 06033-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575247834141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SCOTT F DICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 OAKWOOD AV  
 City FULLERTON State CA Zip Code 92835-2719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575293234141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 231.84  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TOM BEAUREGARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 161 SPRING VALLEY ROAD

City State Zip Code  
RIDGEFIELD CT 06877-1219

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

Name of Employer Occupation  
United HealthCare Services Inc Pres United Essentials

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2336.95

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575295134141**

Amount of Each Receipt this Period  
409.70

P/R Deduction (\$204.85 Bi-Weekly)

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

Mailing Address 3410 BRADLEY LANE

City State Zip Code  
CHEVY CHASE MD 20815-3262

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

Name of Employer Occupation  
Optum Services, Inc Strat Clnt Rel Ex Optuml

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575326934141**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 2602 PENNINGTON PLACE

City State Zip Code  
VALPARAISO IN 46383-9163

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR2575350934141**

Amount of Each Receipt this Period  
78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. CAROL GOTHARD**

Mailing Address 16492 BROOKLANE BOULEVARD

City NORTHVILLE State MI Zip Code 48168-8417

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575419134141**

Amount of Each Receipt this Period **76.92**

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

Full Name (Last, First, Middle Initial)  
**B. JERI L LOSE**

Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3524

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

Name of Employer Optum Services, Inc Occupation VP Info Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575419834141**

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2809

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575521734141**

Amount of Each Receipt this Period **384.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>660.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074-2957

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575522334141**

Amount of Each Receipt this Period **250.00**

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

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

Mailing Address 2800 NEWMAN

City HOUSTON State TX Zip Code 77098-1408

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

Name of Employer Optum Services, Inc Occupation Behvrl Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575536234141**

Amount of Each Receipt this Period **76.92**

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

**C. CURTIS A MOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 KELTON STREET

City REHOBOTH State MA Zip Code 02769-2530

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.20**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575579234141**

Amount of Each Receipt this Period **288.88**

P/R Deduction (\$144.44 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>615.80</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ELIZABETH C WINSOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 WILDERS PASS

City CANTON State CT Zip Code 06019-2259

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

Name of Employer United HealthCare Services Inc Occupation CEO NA Accts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575582834141**

Amount of Each Receipt this Period 192.30

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

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

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575585634141**

Amount of Each Receipt this Period 78.00

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

**C. BRIAN R THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 17829 63RD AVE N

City MAPLE GROVE State MN Zip Code 55311-4650

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575634634141**

Amount of Each Receipt this Period 76.92

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 347.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TERRENCE M CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575636934141**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. BENTON V DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9825 NORTH 53RD PLACE  
 City PARADISE VALLEY State AZ Zip Code 85253-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwks  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575639234141**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. NANCY J SUBLETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 CLARA #24  
 City SAINT LOUIS State MO Zip Code 63112-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575646934141**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	486.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

Name of Employer United HealthCare Services Inc Occupation M R Sls Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575651534141**

Amount of Each Receipt this Period **78.00**

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

**B. ELENA J MCFANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18925 24TH AVENUE NORTH

City PLYMOUTH State MN Zip Code 55447-2072

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575654734141**

Amount of Each Receipt this Period **200.00**

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

**C. CARL E ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575669334141**

Amount of Each Receipt this Period **78.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>356.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PATRICK MOESCHLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10940 E TIERRA DR  
City SCOTTSDALE State AZ Zip Code 85259-5730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575676134141**  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

**B. BRADY PRIEST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4401 COUNTRY CLUB RD  
City EDINA State MN Zip Code 55424-1148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575677234141**  
Amount of Each Receipt this Period 192.30  
P/R Deduction (\$96.15 Bi-Weekly)

**C. CHRISTOPHER J STIDMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6504 CHEROKEE TRAIL  
City EDINA State MN Zip Code 55439-1109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation VP Clnt Relationship  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1214.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575683834141**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEPHEN J FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575696234141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ELIZABETH SOBERG PROKOCKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9746 SUNSET HILL DR  
 City LONE TREE State CO Zip Code 80124-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.75

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575705834141**  
 Amount of Each Receipt this Period 312.50  
 P/R Deduction (\$156.25 Bi-Weekly)

**C. D ELLEN WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 STUART STREET 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575708834141**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOLLY LOUISE KNORR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 PROSPECT AVENUE  
 City HARTFORD State CT Zip Code 06105-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Risk Adjustment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575735434141**  
 Amount of Each Receipt this Period 76.92  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CARLOS E ADAME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42584 WHISTLE COURT  
 City TEMECULA State CA Zip Code 92592-7105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575755434141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. LAURIE ERIN RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575812134141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 26104 WEST 108 TERRACE

City OLATHE State KS Zip Code 66061-7522

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.89

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575819834141**

Amount of Each Receipt this Period 176.94

P/R Deduction (\$88.47 Bi-Weekly)

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

Mailing Address 43 JOEL DR

City HEBRON State CT Zip Code 06248-1245

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

Name of Employer Optum Services, Inc Occupation VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575842734141**

Amount of Each Receipt this Period 78.00

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

**C. WILLIAM J GOLDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 SOUND COURT

City NORTHPORT State NY Zip Code 11768-3527

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.75

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575859334141**

Amount of Each Receipt this Period 312.50

P/R Deduction (\$156.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 567.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NYLE BRENT COTTINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6630 EMPIRE COURT  
 City MAPLE GROVE State MN Zip Code 55311-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Accting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.07

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575865334141**  
 Amount of Each Receipt this Period 30.78  
 P/R Deduction (\$15.39 Bi-Weekly)

**B. PATRICK J LANGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 MEADOW LANE  
 City BENSON State MN Zip Code 56215-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575885034141**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. MICHAEL W MEDEIROS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7112 LANGMUIR DRIVE  
 City MCKINNEY State TX Zip Code 75071-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575930634141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	302.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARD J MATTERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 483 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575938434141**

Amount of Each Receipt this Period 384.60

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

**B. MARC T SALINAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1630 ROCK RIDGE DRIVE

City PROSPER State TX Zip Code 75078-9728

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

Name of Employer Optum Consumer Solutions Group Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575967934141**

Amount of Each Receipt this Period 78.00

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

**C. JUDITH GAGER PERLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City VINEYARD HAVEN State MA Zip Code 02568-5659

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2575968934141**

Amount of Each Receipt this Period 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARK LEENAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17882 BEARPATH TRAIL

City EDEN PRAIRIE State MN Zip Code 55347-3448

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

Name of Employer Optum Services, Inc Occupation NA Med Dir/CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2575982834141**

Amount of Each Receipt this Period **78.00**

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

**B. MARC R BRIGGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 RED TREE CT

City DRAPER State UT Zip Code 84020-7704

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **513.79**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2576001634141**

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address 8326 ELKO DRIVE

City ELLICOTT CITY State MD Zip Code 21043-6913

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

Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.28**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2576026434141**

Amount of Each Receipt this Period **117.64**

P/R Deduction (\$58.82 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.64</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JAY WARMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16215 GRABEN COURT  
 City State Zip Code  
 EDEN PRAIRIE MN 55346-2331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2576040034141**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. RHONDA M MEDOWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7707 WISCONSIN AVENUE  
 APT # 530  
 City State Zip Code  
 BETHESDA MD 20814-6547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2576040434141**  
 Amount of Each Receipt this Period 192.30  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. RESTOR JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 CRESCENT RIDGE ROAD  
 City State Zip Code  
 MINNETONKA MN 55305-2806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Entrprs Real Estate Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2576051634141**  
 Amount of Each Receipt this Period 194.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	464.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JOHN F REX</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 503 HARRINGTON ROAD		<b>Transaction ID : PR2576060034141</b>
City WAYZATA	State MN	Zip Code 55391-1512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 386.00
Name of Employer Optum Services, Inc	Occupation Mkt Group CFO	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2509.00	

Full Name (Last, First, Middle Initial) <b>B. LANCE A NOVAK</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 17035 41ST PLACE N		<b>Transaction ID : PR2576073534141</b>
City PLYMOUTH	State MN	Zip Code 55446-3358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. ANGELA D DAVIS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1067 ROYS PRIVATE WAY		<b>Transaction ID : PR2576083934141</b>
City GALLATIN	State TN	Zip Code 37066-8007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Optum Services, Inc	Occupation Dir IT Proj Mgmt	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	562.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DARRIN D JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 SUMMERBROOKE COURT  
City SICKLERVILLE State NJ Zip Code 08081-9685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Exec Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 267.18

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2576103734141**  
Amount of Each Receipt this Period 112.74  
P/R Deduction (\$56.37 Bi-Weekly)

**B. CHRIS KENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13273 CARLINGFORD LANE  
City ROSEMOUNT State MN Zip Code 55068-6308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2576119034141**  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**C. CHANDRA LUE TORGERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5433 10TH AVENUE SOUTH  
City MINNEAPOLIS State MN Zip Code 55417-2413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2576128634141**  
Amount of Each Receipt this Period 78.00  
P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STEVEN H NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2542 CROSBY ROAD

City WAYZATA State MN Zip Code 55391-2318

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1944.40

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2576144834141**

Amount of Each Receipt this Period 470.08

P/R Deduction (\$235.04 Bi-Weekly)

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

Mailing Address 782 PENFIELD DR

City CAROL STREAM State IL Zip Code 60188-4738

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

Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2576147534141**

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207-1525

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2577379334141**

Amount of Each Receipt this Period 384.60

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 932.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KATHRYN A HOPKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 OLD FARM ROAD

City WELLESLEY State MA Zip Code 02481-1424

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.06**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2578735234141**

Amount of Each Receipt this Period **269.24**

P/R Deduction (\$134.62 Bi-Weekly)

**B. DEMETRIOS L KOUZOUKAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15552 57TH PLACE N

City PLYMOUTH State MN Zip Code 55446-3737

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.95**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2578740434141**

Amount of Each Receipt this Period **192.30**

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

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

Mailing Address 1686 WILDFIRE LANE

City FRISCO State TX Zip Code 75033-7325

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : PR2578824334141**

Amount of Each Receipt this Period **384.60**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>846.14</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NATHANAEL BUSBEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 611 ORPINGTON RD

City State Zip Code  
BALTIMORE MD 21229-2128

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Bus Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**277.75**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2578826734141**

Amount of Each Receipt this Period  
**111.10**

P/R Deduction (\$55.55 Bi-Weekly)

**B. LAURA A GROSCHE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3872 KENNET CIRCLE

City State Zip Code  
EAGAN MN 55123-3952

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

Name of Employer Occupation  
Optum Services, Inc VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2499.90**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2595230934141**

Amount of Each Receipt this Period  
**384.60**

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

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

Mailing Address 311 WHITWORTH WAY

City State Zip Code  
NASHVILLE TN 37205-5017

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**499.98**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : PR2600648934141**

Amount of Each Receipt this Period  
**76.92**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>572.62</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WESTON PRICE SCOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4114 MEDICAL DRIVE 22207

City SAN ANTONIO	State TX	Zip Code 78229-5667
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Med Dir
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2601125334141**

Amount of Each Receipt this Period  
61.54

P/R Deduction (\$30.77 Bi-Weekly)

**B. MARIANNE D SHORT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2215 SUMMIT AVENUE

City SAINT PAUL	State MN	Zip Code 55105-1002
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP Gen Counsel
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2601133534141**

Amount of Each Receipt this Period  
384.60

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

**C. MICHAEL A CHRIST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 BRIARWOOD ROAD

City WEST HARTFORD	State CT	Zip Code 06107-2902
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2601156934141**

Amount of Each Receipt this Period  
76.92

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	523.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 105 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANDREW W TICE JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1136 JACKSON SPRINGS RD  
 City State Zip Code  
 MACON GA 31211-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Phys Advsr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 237.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2601160934141**  
 Amount of Each Receipt this Period  
 55.72  
 P/R Deduction (\$27.86 Bi-Weekly)

**B. KATHRYN J HAYLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 BRIARWOOD LANE  
 City State Zip Code  
 LINCOLNSHIRE IL 60069-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Clin Advancement  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 719.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2601169034141**  
 Amount of Each Receipt this Period  
 265.30  
 P/R Deduction (\$132.65 Bi-Weekly)

**C. TINA W JONAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 OLD MILL ROAD  
 City State Zip Code  
 ALEXANDRIA VA 22309-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Pres M&V  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 983.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2601171134141**  
 Amount of Each Receipt this Period  
 618.00  
 P/R Deduction (\$309.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 939.02  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROGER RODRIGUEZ</b>		Date of Receipt
Mailing Address 10501 SW 102 AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MIAMI	FL	33176-3511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2601176834141</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Gen Mgmt	<input type="text" value="76.92"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>B. SUSAN BUSCH NEHRING</b>		Date of Receipt
Mailing Address 2680 COUNTY ROAD NINETY		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
MAPLE PLAIN	MN	55359
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2605698334141</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Comm	<input type="text" value="76.92"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) <b>C. KELLY MARIE DAVIS</b>		Date of Receipt
Mailing Address 12013 TALIESIN PLACE UNIT 22		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
RESTON	VA	20190-3338
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2605734234141</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Govt Rel Dir	<input type="text" value="88.56"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$44.28 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="424.44"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="242.40"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. TRACY MALONE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2605736934141</b>
Mailing Address 900 S 22ND ST		Amount of Each Receipt this Period 76.92
City ARLINGTON	State VA	Zip Code 22202-2625
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MICHELLE FERENSIC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2605738234141</b>
Mailing Address 404 KENTUCKY BRANCH LANE		Amount of Each Receipt this Period 38.46
City JACKSONVILLE	State FL	Zip Code 32259-8863
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation SVP Prov Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. WILLIAM KARL KIEFER</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2605755634141</b>
Mailing Address 101 MAIN STREET NE #4		Amount of Each Receipt this Period 230.76
City MINNEAPOLIS	State MN	Zip Code 55413-4502
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation SVP Strat Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. GLORIA AUSTIN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2605757434141</b>
Mailing Address 1036 TERRACE HILLS DRIVE		Amount of Each Receipt this Period 294.12
City SALT LAKE CITY	State UT	Zip Code 84103-4030
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation SVP Bus Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.24	P/R Deduction (\$147.06 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. MICHAEL E WEISSEL</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2606842934141</b>
Mailing Address 99 HAGEN ROAD		Amount of Each Receipt this Period 230.76
City NEWTON	State MA	Zip Code 02459-2731
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation Optum Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JOHN MATTHEW MATECZUN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2606845134141</b>
Mailing Address 700 SAINT GEORGE BARBER ROAD		Amount of Each Receipt this Period 503.42
City DAVIDSONVILLE	State MD	Zip Code 21035-1348
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation NA Med Dir/CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1727.75	P/R Deduction (\$251.71 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1028.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SHELLEY L KENNEDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 706 SUE BARNETT

City HOUSTON	State TX	Zip Code 77018-5412
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Service Acct Mgmt
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	557.68
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Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2607803034141**

Amount of Each Receipt this Period  

100.00
--------

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

**B. JAMES W EPPEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4118 SUNNYSIDE ROAD

City EDINA	State MN	Zip Code 55424-1214
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	875.00
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2612532534141**

Amount of Each Receipt this Period  

250.00
--------

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

**C. ABIGAIL LONDON VAIL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3653 DWIGHT DAVIS DR

City TALLAHASSEE	State FL	Zip Code 32312-1076
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼	499.98
--------------------------	--------

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : PR2614315634141**

Amount of Each Receipt this Period  

76.92
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 110 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. RANDALL L SOLOMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 HAIGHT STREET  
 City State Zip Code  
 SAN FRANCISCO CA 94117-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Assc Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2615671534141**  
 Amount of Each Receipt this Period 86.96  
 P/R Deduction (\$43.48 Bi-Weekly)

**B. MICHAEL BIRNBAUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 DEAN STREET  
 City State Zip Code  
 BROOKLYN NY 11201-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : PR2615671634141**  
 Amount of Each Receipt this Period 86.96  
 P/R Deduction (\$43.48 Bi-Weekly)

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.92
<b>TOTAL</b> This Period (last page this line number only).....▶	58923.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rob Woodall for Congress**

Mailing Address PO Box 1871

City Lawrenceville State GA Zip Code 30046-1871

Purpose of Disbursement Contribution

011

Candidate Name  
**Rep. Robert Woodall III**

Category/Type

Office Sought:  House  Senate  President  
State: GA District: 07

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208204**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement Contribution

011

Candidate Name  
**Rep. Steven Joseph Scalise**

Category/Type

Office Sought:  House  Senate  President  
State: LA District: 01

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208205**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Jaime for Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement Contribution

011

Candidate Name  
**Rep. Jaime Herrera-Beutler**

Category/Type

Office Sought:  House  Senate  President  
State: WA District: 03

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208207**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Team Graham Inc**

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Lindsey Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 37209179**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts  
#605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Mark Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

**Transaction ID : 37246330**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

**Transaction ID : 37246331**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Enyart For Congress**

Mailing Address PO Box 308

City State Zip Code  
Belleville IL 62222

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William Enyart**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : 37246339**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Cheri Bustos**

Mailing Address PO Box 77

City State Zip Code  
East Moline IL 61244

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : 37246340**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City State Zip Code  
Elmhurst NY 11373

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

**Transaction ID : 37246343**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James 'Jim' Enos Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246344**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Inhofe Committee**

Mailing Address PO Box 13300

City Oklahoma City State OK Zip Code 73113

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. James M. Inhofe**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246345**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Mailing Address 192 Lexington Ave  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246346**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Issa PAC**

Mailing Address PO Box 3799

City Vista State CA Zip Code 92085

Purpose of Disbursement  
Contribution

011

Candidate Name

**Issa PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246347**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Joe Garcia For Congress**

Mailing Address PO Box 330871

City Miami State FL Zip Code 33233

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joe Garcia**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246348**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Peterson for Congress**

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56502

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Collin Clark Peterson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246349**

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Tom Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246350**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Marino For Congress**

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Tom Marino**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246351**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Sean Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246352**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246353**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Udall For Colorado**

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Mark Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 37260139**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Idaho Conservative Growth Fund**

Mailing Address 701 8th St NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

011

Candidate Name

**Idaho Conservative Growth Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : 37272669**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Greg Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272683**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John M. Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272685**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Roy Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 37272687**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Dan Benishek MD**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District: 01

Date of Disbursement

/  /

**Transaction ID : 37274243**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Keep Nick Rahall In Congress Committee**

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Nick Rahall II**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WV District: 03

Date of Disbursement

/  /

**Transaction ID : 37274246**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Searchlight Leadership Fund**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 37274251**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Susan Davis for Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138-4049

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Susan A. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : 37274252**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic State Central Committee of CA - Federal**

Mailing Address 1830 9th Street

City Sacramento State CA Zip Code 95811

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democratic State Central Committee of CA - Federal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : 37274253**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ronald James Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : 37274447**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Forward Together PAC**

Mailing Address 1751 Potomac Greens Dr

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Forward Together PAC**

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : 37274756**  
Amount of Each Disbursement this Period  
  
Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Matt Lori State Representative**

Mailing Address 14941 Roberts Shore Drive

City State Zip Code  
Constantine MI 49042

Purpose of Disbursement  
Matthew Lori, STATE HOUSE 59th MI

Candidate Name  
**MI Rep. Matthew J. Lori**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 37208229**

Amount of Each Disbursement this Period

250.00
--------

Matthew Lori, STATE HOUSE 59th MI

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Mike Shirkey State Senate**

Mailing Address 11757 Sutfin Road

City State Zip Code  
Clarklake MI 49234

Purpose of Disbursement  
Mike Shirkey, STATE SENATE 16th MI

Candidate Name  
**Mike Shirkey**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 37208232**

Amount of Each Disbursement this Period

500.00
--------

Mike Shirkey, STATE SENATE 16th MI

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Rob VerHeulen**

Mailing Address 4167 Imperial Drive NW

City State Zip Code  
Walker MI 49534

Purpose of Disbursement  
Robert VerHeulen, STATE HOUSE 74th MI

Candidate Name  
**MI Rep. Robert J. VerHeulen**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 37208233**

Amount of Each Disbursement this Period

250.00
--------

Robert VerHeulen, STATE HOUSE 74th MI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pscholka Results PAC**

Mailing Address 5810 Longhorn Trail

City State Zip Code  
Stevensville MI 49127

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37208236**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Michigan Values Leadership Fund**

Mailing Address 14840 Robinwood Drive

City State Zip Code  
Lansing MI 48906

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37208239**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Mike Kowall for State Senate**

Mailing Address 6789 Deer Hill Drive

City State Zip Code  
Clarkston MI 48346

Purpose of Disbursement  
Mike Kowall, STATE SENATE 15th MI

Candidate Name

**MI Sen. Mike W. Kowall**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 37208240**

Amount of Each Disbursement this Period

Mike Kowall, STATE SENATE 15th MI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Arlan B Meekhof for State Senate**

Mailing Address 9128 Oak Creek Lane

City West Olive State MI Zip Code 49460

Purpose of Disbursement  
Arlan Meekhof, STATE SENATE 30th MI

011

Candidate Name

**MI Sen. Arlan B. Meekhof**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208241**

Amount of Each Disbursement this Period

1000.00

Arlan Meekhof, STATE SENATE 30th MI

Full Name (Last, First, Middle Initial)

**B. Goeff Hansen for Senate**

Mailing Address PO Box 167

City Hart State MI Zip Code 49420

Purpose of Disbursement  
Goeffrey Hansen, STATE SENATE 34th MI

011

Candidate Name

**MI Sen. Goeffrey M. Hansen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208242**

Amount of Each Disbursement this Period

500.00

Goeffrey Hansen, STATE SENATE 34th MI

Full Name (Last, First, Middle Initial)

**C. Tom Casperson for State Senate**

Mailing Address PO Box 545

City Escanaba State MI Zip Code 49829

Purpose of Disbursement  
Thomas Casperson, STATE SENATE 38th MI

011

Candidate Name

**MI Sen. Thomas A. Casperson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208243**

Amount of Each Disbursement this Period

500.00

Thomas Casperson, STATE SENATE 38th MI

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Marleau for Michigan**

Mailing Address 3232 Pick Wick Place

City State Zip Code  
Lansing MI 48917

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

**Transaction ID : 37208244**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Batchelder for Representative Committee**

Mailing Address 4086 Irvine Oval

City State Zip Code  
Medina OH 44256

Purpose of Disbursement  
Contribution

Candidate Name

**OH Rep. William Batchelder**

011

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246364**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Robert 'Bob' Rita**

Mailing Address 2030 High Street

City State Zip Code  
Blue Island IL 60406-2502

Purpose of Disbursement  
Contribution

Candidate Name

**IL Rep. Robert Rita**

011

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246365**

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Dominic Pileggi**

Mailing Address PO Box 2029

City Media State PA Zip Code 19063

Purpose of Disbursement  
Contribution

Candidate Name  
**PA Sen. Dominic Pileggi**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246366**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. McManus Re-election Campaign**

Mailing Address 9406 Riveredge Drive

City Cordova State TN Zip Code 38018

Purpose of Disbursement  
Contribution

Candidate Name  
**TN Rep. Steve McManus**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : 37246367**

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Robert 'Bob' Rita**

Mailing Address 2030 High Street

City Blue Island State IL Zip Code 60406-2502

Purpose of Disbursement  
Void - Friends of Robert 'Bob' Rita; check dated 6/17/2014

Candidate Name  
**IL Rep. Robert Rita**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 37264183**

Amount of Each Disbursement this Period

-2000.00

Void - Friends of Robert 'Bob' Rita; check dated 6/17/2014

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

750.00

