

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		220131.42
(b) Cash on Hand at Beginning of Reporting Period.....	220131.42	
(c) Total Receipts (from Line 19)	48021.62	48021.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	268153.04	268153.04
7. Total Disbursements (from Line 31).....	5000.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	263153.04	263153.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15644.06	15644.06
(ii) Unitemized	32377.56	32377.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48021.62	48021.62
(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)	48021.62	48021.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	48021.62	48021.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48021.62	48021.62

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.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48021.62	48021.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48021.62	48021.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 22
	(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. DAVID S WICHMANN
Full Name (Last, First, Middle Initial)

Mailing Address 7000 ANTRIM ROAD

City	State	Zip Code
EDINA	MN	55439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1159814729608

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	State	Zip Code
WAYZATA	MN	55391

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1159815929608

Amount of Each Receipt this Period

384.60

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

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

Mailing Address 120 BLACK OAKS LANE

City	State	Zip Code
WAYZATA	MN	55391

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1159816929608

Amount of Each Receipt this Period

384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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. REED V TUCKSON M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416
---------------------	-------------	-------------------

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 ▼
230.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1159819829608

Amount of Each Receipt this Period
230.76

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

B. JEANNINE M RIVET
Full Name (Last, First, Middle Initial)
Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA	State MN	Zip Code 55364
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1159830029608

Amount of Each Receipt this Period
384.60

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

C. Mr. ANTHONY WELTERS
Full Name (Last, First, Middle Initial)
Mailing Address 919 SAIGON ROAD

City MCLEAN	State VA	Zip Code 22102
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : PR1332013229608

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	999.96
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(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. RICK M JELINEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5570 WOODSIDE LANE
 City Shorewood State MN Zip Code 55331
 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 ▼ 384.60

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1554323929608
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City Prior Lake State MN Zip Code 55372
 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 ▼ 384.60

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1575957629608
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1575958529608
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1153.80
TOTAL This Period (last page this line 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 22
	<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 THOMAS WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424
 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 ▼ 384.60

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1580865329608
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410
 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 ▼ 230.76

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1596304529608
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

C. DANIEL J SCHUMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11582 RASPBERRY HILL ROAD
 City EDEN PRAIRIE State MN Zip Code 55344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1596305429608
 Amount of Each Receipt this Period 230.00
 P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 845.36
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 10 OF 22
	(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. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR1596307029608
 Amount of Each Receipt this Period
 220.00
 P/R Deduction (\$110.00 Bi-Weekly)

B. STEVE R KOOREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4444 ELLSWORTH DRIVE
 City EDINA State MN Zip Code 55435
 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR1653443229608
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALISTAIR D JACQUES
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 OLD LONG LAKE ROAD
 City ORONO State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR1653445229608
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	989.20
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. MILES S SNOWDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3121 W 69TH STREET
 APT 114
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2013
Transaction ID : PR1746717829608
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620
 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 ▼ 384.00

Date of Receipt 01 / 31 / 2013
Transaction ID : PR2119468129608
 Amount of Each Receipt this Period 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

C. DAVID M HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 VIA CONOCIDO
 City SAN CLEMENTE State CA Zip Code 92673
 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 ▼ 270.00

Date of Receipt 01 / 31 / 2013
Transaction ID : PR2119476729608
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1038.60
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 12 OF 22
	(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. SAMUEL W HO
Full Name (Last, First, Middle Initial)

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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 ▼
307.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : PR2119477929608

Amount of Each Receipt this Period
307.60

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

B. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code
GREENSBORO NC 27408

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

Name of Employer Occupation
United HealthCare Services Inc Pres Ntwks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : PR2119486729608

Amount of Each Receipt this Period
270.00

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

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer Occupation
United HealthCare Services Inc Pres Insurance Sols

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2013

Transaction ID : PR2133133829608

Amount of Each Receipt this Period
386.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 963.60

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 13 OF 22
	(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. T JEFFREY PUTNAM			Date of Receipt
Mailing Address 303 ELMWOOD PLACE WEST			<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : PR2133134229608
MINNEAPOLIS	MN	55419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="384.60"/>
Name of Employer	Occupation		P/R Deduction (\$192.30 Bi-Weekly)
United HealthCare Services Inc	SVP Financial Plng Anlys		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>		

Full Name (Last, First, Middle Initial) B. DANNETTE L SMITH			Date of Receipt
Mailing Address 5414 BYSCANE LANE			<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : PR2145729929608
MINNETONKA	MN	55345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="386.00"/>
Name of Employer	Occupation		P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	Sr Deputy 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="386.00"/>		

Full Name (Last, First, Middle Initial) C. DAVID A SPIVACK			Date of Receipt
Mailing Address 37 HIDDEN TRAIL			<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : PR2162867629608
IRVINE	CA	92603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="384.60"/>
Name of Employer	Occupation		P/R Deduction (\$192.30 Bi-Weekly)
United HealthCare Services Inc	SVP Bus Ops		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1155.20"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<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. CHRISTINE W GIBSON
Full Name (Last, First, Middle Initial)

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427

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

Name of Employer United HealthCare Services Inc Occupation VP Strat Initi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013
Transaction ID : PR2225166729608

Amount of Each Receipt this Period
230.76

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

B. ANDREW M SLAVITT
Full Name (Last, First, Middle Initial)

Mailing Address 5125 MIRROR LAKES DRIVE

City EDINA State MN Zip Code 55436

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013
Transaction ID : PR2225167429608

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

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 ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2013
Transaction ID : PR2225819329608

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	1115.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<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. SIMON L STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1716 EMERSON AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55403

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2364863229608

Amount of Each Receipt this Period

217.40

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

B. LORI SWEERE LILIENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 11826 GERMAINE TERRACE

City	State	Zip Code
EDEN PRAIRIE	MN	55347

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP Human Capital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2402320229608

Amount of Each Receipt this Period

386.00

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

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

Mailing Address 378 FERNDAL ROAD WEST

City	State	Zip Code
WAYZATA	MN	55391

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 ▼ **307.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2402445129608

Amount of Each Receipt this Period

307.70

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

SUBTOTAL of Receipts This Page (optional).....	911.10
TOTAL This Period (last page this line 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 22
(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. JOHN L LARSEN
 Mailing Address 11688 TANGLEWOOD DRIVE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR2402445629608
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CORY ALEXANDER
 Mailing Address 4203 BRADLEY LANE
 City State Zip Code
 CHEVY CHASE MD 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gov't Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR2405428829608
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. GAIL KOZIARA KOZIARA BOUDREAU
 Mailing Address 841 HOLDEN COURT
 City State Zip Code
 LAKE FOREST IL 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP Gr Pres UHC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : PR2437119529608
 Amount of Each Receipt this Period
 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1155.22
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3115 WEST 47 STREET

City State Zip Code
 MINNEAPOLIS MN 55410

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 ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : PR2437127529608

Amount of Each Receipt this Period
 230.00

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

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

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code
 WASHINGTON DC 20003

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 ▼
 384.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : PR2439928029608

Amount of Each Receipt this Period
 384.62

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

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

Mailing Address 19705 LAKEVIEW AVENUE

City State Zip Code
 DEEPHAVEN MN 55331

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

Name of Employer Occupation
 United HealthCare Services Inc CEO UMVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013

Transaction ID : PR2445015329608

Amount of Each Receipt this Period
 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 999.22

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 18 OF 22
	<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. SHELBY P SOLOMON
Full Name (Last, First, Middle Initial)
Mailing Address 5702 BLAKE ROAD

City EDINA	State MN	Zip Code 55436
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2460167929608

Amount of Each Receipt this Period
230.00

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

B. LARRY C RENFRO
Full Name (Last, First, Middle Initial)
Mailing Address 5 DOVE LANE

City ANDOVER	State MA	Zip Code 01810
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2460168129608

Amount of Each Receipt this Period
384.60

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

C. SUE SCHICK
Full Name (Last, First, Middle Initial)
Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD	State PA	Zip Code 19096
-------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : PR2480620529608

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional).....	864.60
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 19 OF 22
	(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. KARA V SMITH		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : PR2540175329608
Mailing Address 610 CRESTWOOD DRIVE		Amount of Each Receipt this Period 307.70
City ALEXANDRIA	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. C		P/R Deduction (\$153.85 Bi-Weekly)
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 ▼ 307.70	

Full Name (Last, First, Middle Initial) B. DENEEN VOJTA		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : PR2553475529608
Mailing Address 5201 KELLOGG AVENUE		Amount of Each Receipt this Period 386.00
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		P/R Deduction (\$193.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initi Clin Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.00	

Full Name (Last, First, Middle Initial) C. DONALD J GIANCURSIO		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : PR2560064929608
Mailing Address 72 MIDNIGHT RIDGE DR		Amount of Each Receipt this Period 386.00
City LAS VEGAS	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C		P/R Deduction (\$193.00 Bi-Weekly)
Name of Employer Health Plan of Nevada	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.00	

SUBTOTAL of Receipts This Page (optional).....▶	1079.70
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 20 OF 22
	<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. ARTHUR R MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA State FL Zip Code 33647

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 ▼ **333.34**

Date of Receipt **01 / 31 / 2013**

Transaction ID : PR2564296929608

Amount of Each Receipt this Period **333.34**

P/R Deduction (\$166.67 Bi-Weekly)

B. ANITA Q MESSAL
Full Name (Last, First, Middle Initial)

Mailing Address 16935 41ST AVE N

City PLYMOUTH State MN Zip Code 55446

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 ▼ **250.00**

Date of Receipt **01 / 31 / 2013**

Transaction ID : PR2573877029608

Amount of Each Receipt this Period **250.00**

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

C. PAUL B HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 31 / 2013**

Transaction ID : PR2575522329608

Amount of Each Receipt this Period **250.00**

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

SUBTOTAL of Receipts This Page (optional)..... **833.34**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN F REX
Full Name (Last, First, Middle Initial)
Mailing Address 503 HARRINGTON ROAD
City WAYZATA State MN Zip Code 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 386.00

Date of Receipt 01 / 31 / 2013
Transaction ID : PR2576060029608
Amount of Each Receipt this Period 386.00
P/R Deduction (\$193.00 Bi-Weekly)

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	386.00
TOTAL This Period (last page this line number only).....▶	15644.06

**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. Glacier PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
Contribution

011

Candidate Name
Glacier PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2013

Transaction ID : 35744219

Amount of Each Disbursement this Period

5000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

5000.00

5000.00