

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East Check if different than previously reported. (ACC) Minnetonka MN 55343

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Susan Sherwood [Electronically Filed] Date 12 / 20 / 2013

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

**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.....	329460.95	
(c) Total Receipts (from Line 19)	92743.27	677997.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	422204.22	898128.72
7. Total Disbursements (from Line 31).....	64060.00	539984.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	358144.22	358144.22
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).....	89956.17	554016.55
(ii) Unitemized	2787.10	123980.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	92743.27	677997.30
(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)	92743.27	677997.30
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))..... ▶	92743.27	677997.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92743.27	677997.30

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	449500.00
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	248.00
(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	248.00
29. Other Disbursements	46560.00	90136.50
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)) ..	64060.00	539984.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64060.00	539984.50

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)	92743.27	677997.30
34. Total Contribution Refunds (from Line 28(d))	0.00	248.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92743.27	677749.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
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	100.00

**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 222
(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. JAMES EPPEL

Mailing Address 4118 SUNNYSIDE ROAD

City State Zip Code
 EDINA MN 55424-1214

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

Name of Employer Occupation
 United HealthCare Services Inc Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : 36720518

Amount of Each Receipt this Period
 2500.00

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
 UnitedHealthcare Corporate VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 36720524

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. MOLLIE CHAPMAN

Mailing Address 226 BERNARD DR

City State Zip Code
 MONROE OH 45050-1510

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Ntwk Contractng

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
 11 / 30 / 2013
Transaction ID : PR1159790531763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 5020.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 222
	<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. KEN HOVERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 16221 SIERRA DE AVILA

City TAMPA State FL Zip Code 33613-5222

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

Name of Employer United HealthCare Services Inc Occupation VP Mktg

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
 11 / 30 / 2013

Transaction ID : PR1159790931763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. DEBORAH STREB
Full Name (Last, First, Middle Initial)

Mailing Address 2201 NORTH STAR ROAD

City UPPER ARLINGTON State OH Zip Code 43221-3810

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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159794131763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 11 CARNIVAL TERRACE

City WEST WARWICK State RI Zip Code 02893-1985

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

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159794631763

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional).....	88.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 222
	<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. CARLA MUGGIO
Full Name (Last, First, Middle Initial)
Mailing Address 3533 FAIR OAKS LANE
City LONGBOAT KEY State FL Zip Code 34228-4121
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Ntwk Contract Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159798231763
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

B. SHARON SWAN
Full Name (Last, First, Middle Initial)
Mailing Address 395 STEAMBOAT CROSSING
City DRIPPING SPRINGS State TX Zip Code 78620-4342
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB Dir NAs Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159803231763
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. BRIAN BELLOWS
Full Name (Last, First, Middle Initial)
Mailing Address 10 SHADOWOOD LANE
City TRUMBULL State CT Zip Code 06611-4062
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159803831763
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	88.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 222
	<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. KEITH NOBLITT
Full Name (Last, First, Middle Initial)

Mailing Address 122 SOUTH OAK POINTE DR

City SENECA	State SC	Zip Code 29672-6764
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SCE 3 NAs Ind Contr
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1159805531763

Amount of Each Receipt this Period

40.00

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

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

Mailing Address 302 S 52ND ST

City OMAHA	State NE	Zip Code 68132-3544
---------------	-------------	------------------------

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1159805931763

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 6520 SHENANDOAH DR

City LINCOLN	State NE	Zip Code 68510-5159
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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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1159806031763

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 222
(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. MARILYN NEVIN
 Mailing Address 7930 GOLDEN VALLEY ROAD UNIT 4
 City State Zip Code
 GOLDEN VALLEY MN 55427-4490
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1159807431763
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WAYNE COOK
 Mailing Address 1200 PEBBLE HILL ROAD
 City State Zip Code
 DOYLESTOWN PA 18901-3007
 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 ▼
 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1159812831763
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DAVID WICHMANN
 Mailing Address 7000 ANTRIM ROAD
 City State Zip Code
 EDINA MN 55439-1708
 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 ▼
 4615.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1159814731763
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 524.60
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 11 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PATRICK ERLANDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 OLD LONG LAKE ROAD
 City WAYZATA State MN Zip Code 55391-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159815931763
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRUCE MEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 GRAY BRANCH RD
 City MCKINNEY State TX Zip Code 75071-6495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159816131763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. PATRICIA SAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8943 HIDDEN MEADOW R
 City WOODBURY State MN Zip Code 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159816431763
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	524.60
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 12 OF 222
	<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. WILLIAM MUNSELL
Full Name (Last, First, Middle Initial)

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391-2259

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159816631763

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391-1363

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159816931763

Amount of Each Receipt this Period
 384.60

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

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

Mailing Address 468 HERALD DR

City AMBLER State PA Zip Code 19002-1530

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159817431763

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	684.60
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 13 OF 222
	<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. TIMOTHY RYAN

Mailing Address 4913 BRUCE AVE

City EDINA	State MN	Zip Code 55424-1113
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159817931763

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 4307 BEECHWOOD LANE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159819131763

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 323 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904-1851
-----------------------	-------------	------------------------

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 ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1159820231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	322.00
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 14 OF 222
	<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. WILLIAM TRACY

Mailing Address 13016 CANTERBURY

City LEAWOOD State KS Zip Code 66209-1768

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.80**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1159821531763

Amount of Each Receipt this Period **115.40**

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

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

Mailing Address PO BOX 72

City WAYZATA State MN Zip Code 55391-0072

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1159827431763

Amount of Each Receipt this Period **200.00**

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

Full Name (Last, First, Middle Initial)
C. BARBARA BUENEMANN

Mailing Address 128 ROSEBROOK DR

City FLORISSANT State MO Zip Code 63031-8633

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1159828731763

Amount of Each Receipt this Period **23.08**

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	338.48
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 222
<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. JEANNINE RIVET
Full Name (Last, First, Middle Initial)

Mailing Address 4305 TRILLIUM WAY

City MINETRISTA State MN Zip Code 55364-7708

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 ▼ 4615.20

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159830031763

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 5 BARBERRY DRIVE

City BURLINGTON State CT Zip Code 06013-1529

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 ▼ 235.20

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1159839331763

Amount of Each Receipt this Period 19.60

P/R Deduction (\$9.80 Bi-Weekly)

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

Mailing Address 919 SAIGON ROAD

City MCLEAN State VA Zip Code 22102-2116

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1332013231763

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	788.80
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: PAGE 16 OF 222
(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. ROBERT BOHNENKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4925 WOODS COURT
 City GREENWOOD State MN Zip Code 55331-9291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1551005631763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL 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 United HealthCare Services Inc Occupation Dir Care Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1551005731763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CHRISTOPHER HOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109-2746
 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 ▼ 276.96

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1551128931763
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.08
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 17 OF 222
	<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. MICHAEL MATTEO		Date of Receipt
Mailing Address 25 JEREMIAHS WAY		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTH GLASTONBURY	CT	06073-3621
FEC ID number of contributing federal political committee.		Transaction ID : PR1551133431763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="536.46"/>
Name of Employer	Occupation	P/R Deduction (\$268.23 Bi-Weekly)
United HealthCare Services Inc	Chief Growth Off	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2453.52"/>	

Full Name (Last, First, Middle Initial) B. ERIKA A ROGERS		Date of Receipt
Mailing Address 2449 GUYNN AVENUE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHICO	CA	95926-2012
FEC ID number of contributing federal political committee.		Transaction ID : PR1551160731763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
United HealthCare Services Inc	Sr Acct Mgr Clnt Svc	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS VALERIUS		Date of Receipt
Mailing Address 2820 DEER RUN TRAIL		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
LONG LAKE	MN	55356-9690
FEC ID number of contributing federal political committee.		Transaction ID : PR1551161331763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="153.84"/>
Name of Employer	Occupation	P/R Deduction (\$76.92 Bi-Weekly)
United HealthCare Services Inc	VP Recruiting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1846.08"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="710.30"/>
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 18 OF 222
	<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. LOIS WEIHRAUCH		Date of Receipt 11 / 30 / 2013 Transaction ID : PR1551161431763
Mailing Address 10392 SHERMAN DRIVE		Amount of Each Receipt this Period 120.00
City EDEN PRAIRIE	State MN	Zip Code 55347-4452
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1440.00	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN ENDERLE		Date of Receipt 11 / 30 / 2013 Transaction ID : PR1554323531763
Mailing Address 31 ANDREIS TRAIL		Amount of Each Receipt this Period 110.00
City SOUTH WINDSOR	State CT	Zip Code 06074-2142
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1320.00	
Name of Employer United HealthCare Services Inc	Occupation Regn Exec Dir	P/R Deduction (\$55.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHRISTINE HARRIS		Date of Receipt 11 / 30 / 2013 Transaction ID : PR1554323631763
Mailing Address 25 JUSTIN LANE		Amount of Each Receipt this Period 20.00
City WETHERSFIELD	State CT	Zip Code 06109-2542
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 240.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Clms	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 19 OF 222
	<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. CATHERINE SPILLANE
Full Name (Last, First, Middle Initial)

Mailing Address 3807 PLEASANT VALLEY DRIVE

City	State	Zip Code
MISSOURI CITY	TX	77459-4111

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 ▼ **461.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1554324631763

Amount of Each Receipt this Period

38.46

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

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

Mailing Address 15348 RED OAKS ROAD SE

City	State	Zip Code
PRIOR LAKE	MN	55372-1834

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

Name of Employer	Occupation
United HealthCare Services Inc	Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4615.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1575957631763

Amount of Each Receipt this Period

384.60

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

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

Mailing Address 3062 COMFORT ROAD

City	State	Zip Code
NEW HOPE	PA	18938-5622

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1575958131763

Amount of Each Receipt this Period

153.84

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

SUBTOTAL of Receipts This Page (optional).....	576.90
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 20 OF 222
	<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. LEE VALENTA
Full Name (Last, First, Middle Initial)
Mailing Address 4701 GOLF TERRACE

City EDINA	State MN	Zip Code 55424-1514
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Pres Lif Scis
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1575958531763

Amount of Each Receipt this Period
384.60

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

B. THOMAS PAUL
Full Name (Last, First, Middle Initial)
Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405-2350
---------------------	-------------	------------------------

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 ▼
2400.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1580864731763

Amount of Each Receipt this Period
200.00

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

C. ROBERT WEBB
Full Name (Last, First, Middle Initial)
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 ▼
4615.20

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1580865331763

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	969.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 222
	(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 HUGHES
Full Name (Last, First, Middle Initial)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596304131763

Amount of Each Receipt this Period
200.00

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

B. THAD JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 16848 STIRRUP LN

City EDEN PRAIRIE	State MN	Zip Code 55347-3339
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Mkt Group Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596304331763

Amount of Each Receipt this Period
200.00

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

C. JOHN KING
Full Name (Last, First, Middle Initial)
Mailing Address 1 EDEN HILL LANE

City SOUTHWICK	State MA	Zip Code 01077
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Nat'l Acct RVP SIs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596304431763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 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: (check only one)	PAGE 22 OF 222
	<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. JAY MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City State Zip Code
EDEN PRAIRIE MN 55347-3749

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR1596304631763

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. CAROL MORNESS

Mailing Address 6844 FLEUR DE LANE

City State Zip Code
STONE LAKE WI 54876

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

Name of Employer Occupation
United HealthCare Services Inc Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR1596304931763

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
C. DANIEL 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 ▼
4323.31

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR1596305431763

Amount of Each Receipt this Period
676.66

P/R Deduction (\$338.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	831.58
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 23 OF 222
	(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. SCOTT THEISEN
Full Name (Last, First, Middle Initial)

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356-9312

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 ▼
461.52

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596305631763

Amount of Each Receipt this Period
38.46

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

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

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 ▼
923.04

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596306931763

Amount of Each Receipt this Period
76.92

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

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

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 ▼
2640.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR1596307031763

Amount of Each Receipt this Period
220.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.38

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 24 OF 222
	<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. MICHAEL ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17907 INVERNESS CURVE
 City State Zip Code
 EDEN PRAIRIE MN 55347-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596309331763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 FOXRIDGE CIRCLE
 City State Zip Code
 TAMPA FL 33618-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596309731763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JEFFREY DOOLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1142 GREENBROOK DRIVE
 City State Zip Code
 DANVILLE CA 94526-4306
 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 ▼
 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596312131763
 Amount of Each Receipt this Period
 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	129.08
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 222
(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. RICHARD DUNLOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2964 WYSE COURT
 City State Zip Code
 LEWIS CENTER OH 43035-8253
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596312331763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. STEVAN GARCIA
 Full Name (Last, First, Middle Initial)
 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 ▼
 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596312931763
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. KURT HEUMANN
 Full Name (Last, First, Middle Initial)
 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 ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1596313731763
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 222
	<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. KATHLEEN MALLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 SOUTH 167 AVENUE
 City OMAHA State NE Zip Code 68135-1353
 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 ▼ 750.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596315431763
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

B. JOHN RENNICK
 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 ▼ 461.52

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596316831763
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. DANIEL 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 Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.52

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596317331763
 Amount of Each Receipt this Period 838.46
 P/R Deduction (\$419.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1126.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 222
	<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"/>	<input type="checkbox"/> 17

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

A. KEVIN 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 ▼ 2166.68

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596317431763

Amount of Each Receipt this Period 333.34

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

B. DAVID 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 Sls Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596318431763

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 720 COUNTRY LAKES DR

City CIRCLE PINES State MN Zip Code 55014-5488

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1596318931763

Amount of Each Receipt this Period 23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 434.42

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 222
(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. JEFFREY TODD

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code
 BAYPORT MN 55003-1607

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

Name of Employer Occupation
 United HealthCare Services Inc VP Underwriting

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1596319031763

Amount of Each Receipt this Period
 50.00

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

Full Name (Last, First, Middle Initial)
B. CHRIS TURNAU

Mailing Address PO BOX 43216
 3741 DUNBAR KNOLL

City State Zip Code
 BROOKLYN PARK MN 55443-0216

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Tax

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
 11 / 30 / 2013

Transaction ID : PR1596319131763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. FRANK VIERLING

Mailing Address N5021 GREENS COULEE

City State Zip Code
 ONALASKA WI 54650

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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1596319431763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 222
	<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. 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 ▼ **461.52**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1596319531763

Amount of Each Receipt this Period **38.46**

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

B. MYRON 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 ▼ **480.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1596319631763

Amount of Each Receipt this Period **40.00**

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

C. WILLIAM WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 7 CLIFFORD AVENUE

City TOLLAND State CT Zip Code 06084-2535

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 ▼ **240.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR1596320031763

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	98.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 222
	<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. JANET GULLETT
Full Name (Last, First, Middle Initial)

Mailing Address 7310 WELLS RD

City PLAIN CITY State OH Zip Code 43064-9337

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

Name of Employer United HealthCare Services Inc Occupation Mgr IT

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
 11 / 30 / 2013

Transaction ID : PR1596320131763

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$10.00 Bi-Weekly)

B. JOHN 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 United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1600597331763

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3343

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

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1600598531763

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **298.00**

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 31 OF 222
	<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 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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1600598731763

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 20595 SPENCER LANE

City EXCELSIOR	State MN	Zip Code 55331-4523
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1602669931763

Amount of Each Receipt this Period
200.00

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

C. JEFFREY 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 United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1613243531763

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional).....▶	592.30
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 32 OF 222
	<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. WILLIAM KENNEDY

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013-1327

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR1653443131763

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435-4150

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 ▼ **4615.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR1653443231763

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416-4346

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

Name of Employer United HealthCare Services Inc Occupation SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR1653444331763

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: (check only one)	PAGE 33 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address N12464 HORSESHOE BEND RD

City MINONG	State WI	Zip Code 54859-8026
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Prov Reimb
--	------------------------------

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
11	/	30	/	2013

Transaction ID : PR1653445031763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 645 OLD LONG LAKE ROAD

City WAYZATA	State MN	Zip Code 55391-9684
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1653445231763

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092-2524
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1653445831763

Amount of Each Receipt this Period
23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	427.68
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 34 OF 222
	<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 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 ▼ 2100.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1669432231763

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 3412 KNOLLWOOD DRIVE

City ATLANTA State GA Zip Code 30305-1020

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

Name of Employer United HealthCare Services Inc Occupation Chief Med Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1746717831763

Amount of Each Receipt this Period 384.60

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

C. ANN DESTWOLINSKI
Full Name (Last, First, Middle Initial)

Mailing Address 4247 ROSE PETAL COURT

City ELLICOTT CITY State MD Zip Code 21043-4973

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

Name of Employer United HealthCare Services Inc Occupation Dir Preservice Review

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR1806441631763

Amount of Each Receipt this Period 22.00

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 606.60

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 35 OF 222
	<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. JASON DUDASH
Full Name (Last, First, Middle Initial)

Mailing Address 2918 BACHMAN RD

City MANCHESTER State MD Zip Code 21102-1723

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

Name of Employer United HealthCare Services Inc Occupation Mgr IT

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
 11 / 30 / 2013

Transaction ID : PR1806441931763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. 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 ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1806444731763

Amount of Each Receipt this Period
 80.00

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

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

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143-9211

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1806750131763

Amount of Each Receipt this Period
 23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	123.08
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 222
	<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. PAUL EMERSON

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372-3133

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 ▼ **923.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1806750331763

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
B. SHERRI PINOTTI

Mailing Address 416 BEAR AVE S

City VADNAIS HEIGHTS State MN Zip Code 55127-7078

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1832039831763

Amount of Each Receipt this Period
19.00

P/R Deduction (\$9.50 Bi-Weekly)

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

Mailing Address 37 W 2000 S

City DRIGGS State ID Zip Code 83422-4874

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

Name of Employer United HealthCare Services Inc Occupation VP Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1699.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR1903550731763

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional).....▶	289.92
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 37 OF 222
(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. KATHLEEN BISHOP-HEROUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082-2208
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1903560831763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. ROBERT DUFEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1903577131763
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. SUSAN EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City WOODBURY State MN Zip Code 55125-9592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR1903578131763
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.00
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 38 OF 222
(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)

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

Mailing Address 12880 53RD STREET NORTH

City STILLWATER	State MN	Zip Code 55082-1063
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1903591131763

Amount of Each Receipt this Period

87.00	78.00
-------	-------

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

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

Mailing Address 6766 IDLEWOOD WAY

City EDEN PRAIRIE	State MN	Zip Code 55346-3506
----------------------	-------------	------------------------

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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1903612931763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 20030 EXCELSIOR BLVD

City EXCELSIOR	State MN	Zip Code 55331-8727
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP CIO
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR1903622031763

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	306.00
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 39 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LORI STEERUP		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR1903628631763
Mailing Address 7019 DONLEA LANE		Amount of Each Receipt this Period 28.00
City EDEN PRAIRIE	State MN	Zip Code 55346-3164
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. PAUL WEYMOUTH		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR1903636931763
Mailing Address 317 WRIGHTS MILL RD		Amount of Each Receipt this Period 38.46
City COVENTRY	State CT	Zip Code 06238-1559
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. PAMELA JAMIAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR1910417431763
Mailing Address 15316 COUTOLENC RD		Amount of Each Receipt this Period 23.08
City MAGALIA	State CA	Zip Code 95954-9791
FEC ID number of contributing federal political committee. C		P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

SUBTOTAL of Receipts This Page (optional).....▶	89.54
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 222
(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. BRADLEY ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City State Zip Code
 ONEIDA WI 54155-8632

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2119466831763

Amount of Each Receipt this Period
 40.00

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

Full Name (Last, First, Middle Initial)
B. JON BEATY

Mailing Address 15110 SE 126TH AVE

City State Zip Code
 CLACKAMAS OR 97015-9257

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Qlty

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
 11 / 30 / 2013

Transaction ID : PR2119467831763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RUSSELL BENNETT

Mailing Address 4 HALSEY AVE

City State Zip Code
 LAGUNA NIGUEL CA 92677-5327

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2119468031763

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 41 OF 222
	<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 BERKEL
Full Name (Last, First, Middle Initial)

Mailing Address 10 SHADOW GLEN

City IRVINE State CA Zip Code 92620-0204

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2119468131763

Amount of Each Receipt this Period
384.00

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

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

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2119469431763

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 23634 NORTH 58TH AVENUE

City GLENDALE State AZ Zip Code 85310-3647

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

Name of Employer United HealthCare Services Inc Occupation URS MGR CLNT MGMT

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
 11 / 30 / 2013

Transaction ID : PR2119469831763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.00
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 42 OF 222
(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. COLLEEN CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 W 73RD AVENUE
 City WESTMINSTER State CO Zip Code 80003-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119469931763
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

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 United HealthCare Services Inc Occupation Dir Mktg Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119470231763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. LESLIE CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19021 POPPY HILL CIRCLE
 City HUNTINGTON BEACH State CA Zip Code 92648-6710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119470331763
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 262.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. RICHARD CROSS

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720-2931

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 / /
Transaction ID : PR2119471831763

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)
B. KENNETH 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 ▼ **480.00**

Date of Receipt
 / /
Transaction ID : PR2119472531763

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)
C. LINDA 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 United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt
 / /
Transaction ID : PR2119472631763

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="128.00"/>
TOTAL 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 44 OF 222
(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. TODD DEMBROSKI
 Mailing Address 1390 FINCH LN
 City GREEN BAY State WI Zip Code 54313-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2119472831763
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. TARA DUNGAN
 Mailing Address 619 HIGH COUNTRY RIDGE
 City SAN ANTONIO State TX Zip Code 78260-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Med Clin Ops
 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
 11 / 30 / 2013
Transaction ID : PR2119473231763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. AMY 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2119475231763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 45 OF 222
	<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. SANDRA GLICKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 5135 RIO BRAVO DR

City BANNING State CA Zip Code 92220-6648

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

Name of Employer United HealthCare Services Inc Occupation Dir Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119475331763

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE State CA Zip Code 92673-7044

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119476731763

Amount of Each Receipt this Period 270.00

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

C. ANNE HARVEY
Full Name (Last, First, Middle Initial)

Mailing Address 4916 THOR WAY

City CARMICHAEL State CA Zip Code 95608-5650

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Prov Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119477231763

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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 46 OF 222
(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. PAULINE HAYES
 Mailing Address PO BOX 839
 City State Zip Code
 HUNTINGTON BEACH CA 92648-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Finance
 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
 11 / 30 / 2013
Transaction ID : PR2119477431763
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SAMUEL 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 ▼
 3691.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2119477931763
 Amount of Each Receipt this Period
 307.60
 P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KEVIN HOST
 Mailing Address 14617 GRANT ST
 City State Zip Code
 OVERLAND PARK KS 66221-2283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Pharm Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2119478231763
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 367.60
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 47 OF 222
	<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. DONNA L HUSER		Date of Receipt
Mailing Address 406 SKYTRAIL DR		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
NEW BRAUNFELS	TX	78130-9010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Clms Bus Proc Anlyst	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : PR2119478631763
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. BRIAN JEFFREY		Date of Receipt
Mailing Address 9 RIMROCK		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
IRVINE	CA	92603-3604
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Regn Pres Ntwk Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : PR2119479131763
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN JONES		Date of Receipt
Mailing Address 3562 REDWOOD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
IRVINE	CA	92606-2124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP Govt Rel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2304.00"/>	
		Transaction ID : PR2119479231763
		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
		P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="262.00"/>
TOTAL 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 48 OF 222
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARK KNUTSON		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 19312 FAIRHAVEN EXT		Transaction ID : PR2119480231763
City SANTA ANA	State CA	Zip Code 92705-6310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation VP Cust Service	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. SANDY M LUEDKE		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 1208 COPRINUS DR		Transaction ID : PR2119482231763
City GREEN BAY	State WI	Zip Code 54313-7286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation IT Database Cnslt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. HEATHER MACE-MEADOR		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 13531 CARLTON OAKS		Transaction ID : PR2119482531763
City SAN ANTONIO	State TX	Zip Code 78232-4902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 49 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JEFFREY MASON			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2119483031763		
Mailing Address 5670 SHEMIRAN ST			Amount of Each Receipt this Period 360.00		
City LA VERNE	State CA	Zip Code 91750-2380	P/R Deduction (\$15.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00			
Name of Employer United HealthCare Services Inc		Occupation Sr Med Dir			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B. CAROLYN MURRAY			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2119484831763		
Mailing Address 834 WOODTACK COVE WAY			Amount of Each Receipt this Period 20.00		
City HENDERSON	State NV	Zip Code 89002-8294	P/R Deduction (\$10.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00			
Name of Employer Health Plan of Nevada		Occupation SB Mgr Acct Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C. SCOTT NEURURER			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2119484931763		
Mailing Address 23822 VIA MONTE			Amount of Each Receipt this Period 20.00		
City COTO DE CAZA	State CA	Zip Code 92679-4001	P/R Deduction (\$10.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00			
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) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 50 OF 222
	<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	<input type="checkbox"/> 17

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

A. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119485031763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119485231763
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. WILLIAM OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 GALINDO AVE APT 416
 City CONCORD State CA Zip Code 94520-2696
 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 ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119485331763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
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 51 OF 222
	<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. LYNDA A PAXSON		Date of Receipt
Mailing Address 3924 E GARNET PL		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
HIGHLANDS RANCH	CO	80126-5044
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2119485831763
United HealthCare Services Inc	Sr Field Acct Mgr	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	<input type="text" value="50.00"/>
		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DIANA PETE		Date of Receipt
Mailing Address 9010 MORNINGSTAR DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SUGAR LAND	TX	77479-3316
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2119486331763
United HealthCare Services Inc	Dir Utilization Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="288.00"/>	<input type="text" value="24.00"/>
		P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHELLE PETERS		Date of Receipt
Mailing Address 1128 COUNTRYSIDE DR		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DE PERE	WI	54115-1040
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2119486431763
United HealthCare Services Inc	Dir Act Svs	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="30.00"/>
		P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.00"/>
TOTAL 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 52 OF 222
	<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. AUSTIN 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 Pres Ntwks
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3240.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2119486731763
 Amount of Each Receipt this Period **270.00**
 P/R Deduction (\$135.00 Bi-Weekly)

B. CYNTHIA POLICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 E VIA PALOMITA
 City Tucson State AZ Zip Code 85718-3371
 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 **2400.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2119486831763
 Amount of Each Receipt this Period **200.00**
 P/R Deduction (\$100.00 Bi-Weekly)

C. JAMES PROCHNOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 RUSTIC OAK DRIVE
 City Luxemburg State WI Zip Code 54217-7320
 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 **336.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2119487231763
 Amount of Each Receipt this Period **28.00**
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	498.00
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 53 OF 222
(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. DEBBIE E ROGERS
 Mailing Address 413 DOE RUN RD
 City State Zip Code
 SEQUIM WA 98382-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Proj Mgr I
 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
 11 / 30 / 2013
Transaction ID : PR2119488631763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CAROL A SCACCIA
 Mailing Address 14848 LANDERWOOD DR
 City State Zip Code
 EASTVALE CA 92880-3992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA New Bus Coord
 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
 11 / 30 / 2013
Transaction ID : PR2119489331763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARTIN SING
 Mailing Address 9407 LLANO VERDE
 City State Zip Code
 HELOTES TX 78023-4156
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2119490131763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 54 OF 222
(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. RONALD STETTLER

Mailing Address 6028 SCOTMIST DR

City State Zip Code
RANCHO PALOS VERDES CA 90275-3349

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

Name of Employer Occupation
United HealthCare Services Inc VP Hlthcare Econ

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
11 / 30 / 2013

Transaction ID : PR2119490431763

Amount of Each Receipt this Period
200.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARILYNN 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 ▼ **480.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2119490731763

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1950.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2119491131763

Amount of Each Receipt this Period
550.00

P/R Deduction (\$275.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 222
	(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. CHERYL THOMSON
Full Name (Last, First, Middle Initial)

Mailing Address 222 FOREST DR

City State Zip Code
SOBIESKI WI 54171-9748

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

Name of Employer Occupation
United HealthCare Services Inc Dir Compli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2119491631763

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 12331 COUNTRY LANE

City State Zip Code
SANTA ANA CA 92705-3330

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

Name of Employer Occupation
United HealthCare Services Inc VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2304.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2119492031763

Amount of Each Receipt this Period
192.00

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130-7809

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2119492631763

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	302.00
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 56 OF 222
	<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. SCOTT WESTPHAL
Full Name (Last, First, Middle Initial)
Mailing Address 4536 ROCKY RUN LN
City OCONTO State WI Zip Code 54153-9268
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119493231763
Amount of Each Receipt this Period 23.08
P/R Deduction (\$11.54 Bi-Weekly)

B. LINDA 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119493531763
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 ▼ 600.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2119494131763
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 113.08
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 57 OF 222
(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. GEORGE YOUNG

Mailing Address 36296 N 98TH WAY

City State Zip Code
 SCOTTSDALE AZ 85262-3138

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

Name of Employer Occupation
 United HealthCare Services Inc Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2119494431763

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code
 PARKER CO 80138-3064

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

Name of Employer Occupation
 United HealthCare Services Inc SB Acct Exec

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
 11 / 30 / 2013

Transaction ID : PR2119494531763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. FORREST BURKE

Mailing Address 380 LEAF STREET

City State Zip Code
 ORONO MN 55356-9733

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

Name of Employer Occupation
 United HealthCare Services Inc Pres PS Labor Trust

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2133132431763

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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 58 OF 222
	(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. WILLIAM COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 831 RATLEY ROAD

City WEST SUFFIELD State CT Zip Code 06093-2400

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 ▼ **288.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2133132531763

Amount of Each Receipt this Period
24.00

P/R Deduction (\$12.00 Bi-Weekly)

B. DANIEL CUMMINGS
Full Name (Last, First, Middle Initial)

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105-1539

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2133132631763

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401-2452

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 ▼ **923.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2133133231763

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... **130.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 222
	<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. ALLEN MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 6209 CRESCENT DRIVE
City EDINA State MN Zip Code 55436-2530
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2133133631763
Amount of Each Receipt this Period 70.00
P/R Deduction (\$35.00 Bi-Weekly)

B. SUSAN 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 ▼ 4632.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2133133831763
Amount of Each Receipt this Period 386.00
P/R Deduction (\$193.00 Bi-Weekly)

C. KIMBERLY NETTLETON
Full Name (Last, First, Middle Initial)
Mailing Address 5003 DARNELL
City HOUSTON State TX Zip Code 77096-1510
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2133133931763
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.00
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 60 OF 222
	(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. T JEFFREY PUTNAM
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City	State	Zip Code
MINNEAPOLIS	MN	55419-1349

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2133134231763

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 2203 RIVER FALLS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339-3124

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2133134631763

Amount of Each Receipt this Period
50.00

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

C. ANITA SHIELDS
Full Name (Last, First, Middle Initial)

Mailing Address 7729 KENSINGTON MANOR LANE

City	State	Zip Code
WAKE FOREST	NC	27587-3909

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2133134731763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.60
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 61 OF 222
(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. DANIEL COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9790 FOXWORTH DRIVE
 City State Zip Code
 JOHNS CREEK GA 30022-6259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc UHC SIs RVP KA
 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
 11 / 30 / 2013
Transaction ID : PR2145728331763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. ROBERT FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City State Zip Code
 WESTERVILLE OH 43082-8304
 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 ▼ 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2145728431763
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. WILLIAM MICKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 DURANGO COURT
 City State Zip Code
 ALISO VIEJO CA 92656-8068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CAO
 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
 11 / 30 / 2013
Transaction ID : PR2145729131763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.92
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 62 OF 222
(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. WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code
 IRVINE CA 92603-3840

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Clnt Relationship

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2145729231763

Amount of Each Receipt this Period
 40.00

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

Full Name (Last, First, Middle Initial)
B. LEAH RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code
 AUSTIN TX 78737-9358

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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2145729531763

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 5414 BYSCANE LANE

City State Zip Code
 MINNETONKA MN 55345-5601

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4632.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2145729931763

Amount of Each Receipt this Period
 386.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 456.00

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 63 OF 222
	<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. RANDALL SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 20607 BROADWATER DRIVE

City LAND O LAKES State FL Zip Code 34638-8328

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 ▼ **276.96**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2145730031763

Amount of Each Receipt this Period **23.08**

P/R Deduction (\$11.54 Bi-Weekly)

B. MARGARET SPARKS
Full Name (Last, First, Middle Initial)

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602-2422

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

Name of Employer United HealthCare Services Inc Occupation VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2145730231763

Amount of Each Receipt this Period **100.00**

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

C. MARYNELL BENSON
Full Name (Last, First, Middle Initial)

Mailing Address 222 IRON WORKS WAY

City WAYNE State PA Zip Code 19087-4213

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 ▼ **240.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2162866931763

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **143.08**

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 222
	(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)

Full Name (Last, First, Middle Initial) A. DAVID SPIVACK		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 37 HIDDEN TRAIL		Transaction ID : PR2162867631763
City IRVINE	State CA	Zip Code 92603-0212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Ops	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

Full Name (Last, First, Middle Initial) B. KURT LEWIS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 961 RIVER FOREST DRIVE		Transaction ID : PR2203967531763
City MAINEVILLE	State OH	Zip Code 45039-7720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.08
Name of Employer United HealthCare Services Inc	Occupation KA VP Sls Acct Mgmt	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) C. CHRISTINE GIBSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 8516 29TH AVE N		Transaction ID : PR2225166731763
City NEW HOPE	State MN	Zip Code 55427-2622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer United HealthCare Services Inc	Occupation VP Strat Initiv	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.12	

SUBTOTAL of Receipts This Page (optional).....▶	638.44
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 65 OF 222
	<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. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 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 ▼ 1384.80

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2225813631763
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. NANCY CARRUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 26TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55441-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2225818431763
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. MICHAEL MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 DRURY LANE
 City WYCKOFF State NJ Zip Code 07481-2204
 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2225818831763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	185.40
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 66 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. ERIC 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 ▼
4615.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2225819331763

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
B. JOHN 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 ▼
923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2225819631763

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
C. ROY 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 United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2225819731763

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: (check only one)	PAGE 67 OF 222
	<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 CORNE
Full Name (Last, First, Middle Initial)

Mailing Address 12642 CHIEFS COURT

City FISHERS State IN Zip Code 46037-9553

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2231346931763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256-8408

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2231347231763

Amount of Each Receipt this Period **60.00**

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

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

Mailing Address 10823 MOORS END CIRCLE

City FISHERS State IN Zip Code 46038-2612

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2231352331763

Amount of Each Receipt this Period **160.00**

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

SUBTOTAL of Receipts This Page (optional)..... **248.00**

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 68 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHAEL CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2247625831763
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. SHANKAR RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10622 EQUESTRIAN DR
 City COWAN HEIGHTS State CA Zip Code 92705-2426
 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 ▼ 230.64

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2247626331763
 Amount of Each Receipt this Period 19.22
 P/R Deduction (\$9.61 Bi-Weekly)

C. JOSEPH CARCIONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.80

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2247626831763
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	334.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 222
	(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. KEVIN KANTOLA		Date of Receipt MM / DD / YYYY 11 / 30 / 2013 Transaction ID : PR2247627031763
Mailing Address 7031 HALSTEAD DRIVE		Amount of Each Receipt this Period 78.00
City MINNETRISTA	State MN	Zip Code 55364-3201
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation VP IT		P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) B. DENNIS O'BRIEN		Date of Receipt MM / DD / YYYY 11 / 30 / 2013 Transaction ID : PR2247627331763
Mailing Address 61 LOUGHLIN AVE		Amount of Each Receipt this Period 365.36
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	
Occupation Regn Pres Ntwk Mgmt		P/R Deduction (\$182.68 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2134.68	

Full Name (Last, First, Middle Initial) C. JEFFERY VERNEY		Date of Receipt MM / DD / YYYY 11 / 30 / 2013 Transaction ID : PR2247627431763
Mailing Address 266 WESTLEDGE ROAD		Amount of Each Receipt this Period 115.40
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		P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.80	

SUBTOTAL of Receipts This Page (optional).....▶	558.76
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: PAGE 70 OF 222
(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. SANJAY GARODIA
 Mailing Address 282 MIDDAUGH
 City State Zip Code
 CLARENDON HILLS IL 60514-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc COO IBS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2247627831763
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DANIEL OHMAN
 Mailing Address 8970 MOOR PARK RUN
 City State Zip Code
 DULUTH GA 30097-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1726.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2247628031763
 Amount of Each Receipt this Period
 773.88
 P/R Deduction (\$386.94 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JEFFREY CRUMBAUGH
 Mailing Address 12946 SNOW LAKE DR
 City State Zip Code
 FRISCO TX 75035-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc M R SIs Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2259635231763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 878.80
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 71 OF 222
	<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. JOHN PRINCE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 546 HARRINGTON ROAD		Transaction ID : PR2259738431763
City WAYZATA	State MN	Zip Code 55391-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.00
Name of Employer United HealthCare 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 ▼ 2328.00	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER CRONN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 901 RED RIVER #1210		Transaction ID : PR2270522931763
City AUSTIN	State TX	Zip Code 78701-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 923.04	

Full Name (Last, First, Middle Initial) C. SIMON STEVENS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 1716 EMERSON AVENUE SOUTH		Transaction ID : PR2364863231763
City MINNEAPOLIS	State MN	Zip Code 55403-2906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 217.40
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group	P/R Deduction (\$108.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2608.80	

SUBTOTAL of Receipts This Page (optional).....▶	488.32
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 72 OF 222
(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. CAROLE CURRY

Mailing Address 411 FLEECE FLOWER DRIVE

City State Zip Code
 GAITHERSBURG MD 20878-2646

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

Name of Employer Occupation
 United HealthCare Services Inc Sr Proj Mgr II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402315731763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 3000 TILDEN STREET NW #204-1

City State Zip Code
 WASHINGTON DC 20008-3017

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

Name of Employer Occupation
 United HealthCare Services Inc VP Rsch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402315931763

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. MJ FRASCINO

Mailing Address 7 PIONEER DRIVE

City State Zip Code
 ELLINGTON CT 06029-3221

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402316531763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **156.00**

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 73 OF 222
	<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 JACOBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 19495 VINE RIDGE ROAD
 City EXCELSIOR State MN Zip Code 55331-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402317331763
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. ANGELA KEPLEY CARRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 PENINSULA DRIVE
 City JAMESTOWN State NC Zip Code 27282-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402317731763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416-1933
 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402317931763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 74 OF 222
	<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. JAKE LOGAN
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX State AZ Zip Code 85018-2931

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2402318231763

Amount of Each Receipt this Period
50.00

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

B. MARIA MCCAULEY
Full Name (Last, First, Middle Initial)

Mailing Address 7511 4TH AVENUE DRIVE NW

City BRADENTON State FL Zip Code 34209-7219

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 ▼ 480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2402318431763

Amount of Each Receipt this Period
40.00

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

C. STACY MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 5625 CHOWEN AVE S

City EDINA State MN Zip Code 55410-2345

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 ▼ 360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2402318531763

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 222
	(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. RICHARD MOCKLER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 2619 S KIHEI RD #B511		Transaction ID : PR2402318731763
City KIHEI	State HI	Zip Code 96753-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United HealthCare Services Inc	Occupation VP Bus Dvlp	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. ANDREA MORRISON DAVIS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 2 LAKESHIRE COURT		Transaction ID : PR2402318931763
City OWINGS MILLS	State MD	Zip Code 21117-1246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United HealthCare Services Inc	Occupation Acct Mgt Cons Clnt Svc	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. DIANE SOUZA		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 3430 GALT OCEAN DRIVE UNIT 1111		Transaction ID : PR2402320031763
City FORT LAUDERDALE	State FL	Zip Code 33308-7047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4422.90	

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: (check only one)	PAGE 76 OF 222
	<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 LILIENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 5701 S JOSH WYATT DR

City State Zip Code
SIOUX FALLS SD 57108-5225

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

Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHlth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4632.00**

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2402320231763

Amount of Each Receipt this Period
386.00

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

B. LYNN ZEPP
Full Name (Last, First, Middle Initial)

Mailing Address 22503 MAGNOLIA TRACE BOULEVARD

City State Zip Code
LUTZ FL 33549-9306

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 ▼ **240.00**

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2402320931763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. SHELLEY 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 ▼ **2400.00**

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2402444431763

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... **606.00**

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 222
	<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. JAY ANLIKER
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401-8543

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

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402445031763

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA State MN Zip Code 55391-1559

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 ▼ 3692.40

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402445131763

Amount of Each Receipt this Period 307.70

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

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

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

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

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2402445231763

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 547.70

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 78 OF 222
(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. JAMES DONOVAN

Mailing Address 2816 MONTREAUX DRIVE

City State Zip Code
 FRISCO TX 75034-1855

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402445331763

Amount of Each Receipt this Period
 130.00

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

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

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
 United HealthCare Services Inc Bus Segment CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4632.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402445631763

Amount of Each Receipt this Period
 386.00

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

Full Name (Last, First, Middle Initial)
C. JOY HIGA

Mailing Address 2208 ELM AVENUE

City State Zip Code
 MANHATTAN BEACH CA 90266-2809

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 ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2402446231763

Amount of Each Receipt this Period
 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.00

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 79 OF 222
	<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. RUSSELL PETRELLA
Full Name (Last, First, Middle Initial)

Mailing Address 4 GRAMERCY PARK WEST
APT #2

City NEW YORK State NY Zip Code 10003-1717

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 ▼ 2400.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2402446431763

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 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 ▼ 4615.20

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2405428831763

Amount of Each Receipt this Period
384.60

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

C. RODNEY ARMSTEAD
Full Name (Last, First, Middle Initial)

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631-2021

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 ▼ 1296.90

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2405430231763

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 776.90

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 80 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PETER 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 ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2405431131763

Amount of Each Receipt this Period 194.00

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

B. KAREN 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2408544831763

Amount of Each Receipt this Period 40.00

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

C. KATHLYN 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 United HealthCare Services Inc Occupation SVP State Sis OptumI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2408545031763

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 274.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GAIL KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.44

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2437119531763
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. SCOTT BOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 GADSDEN PLACE
 City FRANKLIN State TN Zip Code 37067-1304
 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 ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2437119631763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JEFFREY 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2437119731763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	444.62
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 222
	(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. ANA FUENTEVILLA
Full Name (Last, First, Middle Initial)
Mailing Address 4815 NORTH CAMINO ESCUELA

City TUCSON	State AZ	Zip Code 85718-5913
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation NA Med Dir/CMO
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2437119831763

Amount of Each Receipt this Period
200.00

P/R Deduction (\$10.00 Bi-Weekly)

B. WILLIAM 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2437120031763

Amount of Each Receipt this Period
500.00

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

C. RITA JOHNSON-MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 9727 SKY LANE

City EDEN PRAIRIE	State MN	Zip Code 55347-3814
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2437120131763

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 83 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 LAKE ROAD
 City BRADFORDWOODS State PA Zip Code 15015-1331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2437120431763
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. JACK WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 NORTH 75 STREET
 City SCOTTSDALE State AZ Zip Code 85250-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2437120531763
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. PAUL BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City BROOKLYN PARK State MN Zip Code 55443-1754
 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 ▼ 1440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2437120731763
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 84 OF 222
(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. KELLY CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City ROSEMOUNT State MN Zip Code 55068-3561

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 ▼ **923.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2437121331763

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 10550 PINNACLE WAY

City WOODBURY State MN Zip Code 55129-4282

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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2437121531763

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS State MN Zip Code 55118-4137

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2437121631763

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **194.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 222
	<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. PETER RAINEY

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410-1857

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 ▼
2760.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2437127531763

Amount of Each Receipt this Period
230.00

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

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

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code
WASHINGTON DC 20003-4212

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 ▼
4615.44

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2439928031763

Amount of Each Receipt this Period
384.62

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

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

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code
CHEVY CHASE MD 20815-3720

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

Name of Employer Occupation
United HealthCare Services Inc VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2444265731763

Amount of Each Receipt this Period
200.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 222
	<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. DEWAYNE ULLSPERGER		Date of Receipt
Mailing Address 4440 AVONDALE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNETONKA	MN	55345-2754
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	VP Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : PR2444561331763
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
		P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JAMES MURPHY		Date of Receipt
Mailing Address 113 CANNON CT W		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
PONTE VEDRA BEACH	FL	32082-3954
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare 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="2500.00"/>	
		Transaction ID : PR2444561431763
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
		P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LORI MCDOUGAL		Date of Receipt
Mailing Address 19705 LAKEVIEW AVENUE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EXCELSIOR	MN	55331-9351
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare 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="4615.20"/>	
		Transaction ID : PR2445015331763
		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5384.60"/>
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 87 OF 222
	<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. DONALD 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 ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2445015431763
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. NANCY LIND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 NORTHVIEW LANE
 City CEDAR FALLS State IA Zip Code 50613-1655
 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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2445016231763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. AMY 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 United HealthCare Services Inc Occupation VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2445016431763
 Amount of Each Receipt this Period 833.34
 P/R Deduction (\$416.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	901.34
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: (check only one)	PAGE 88 OF 222
	<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. LILLI ANN HIRSH
Full Name (Last, First, Middle Initial)
Mailing Address 7379 DEVIN LANE

City SHAKOPEE	State MN	Zip Code 55379-7029
------------------	-------------	------------------------

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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2445016731763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. LENYS ALCOREZA
Full Name (Last, First, Middle Initial)
Mailing Address 809 SANTA FE COURT

City VIRGINIA BEACH	State VA	Zip Code 23456-6744
------------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Sls Mktg C S
--	-------------------------------

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
11	/	30	/	2013

Transaction ID : PR2445016831763

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

C. MARK DUHAIME
Full Name (Last, First, Middle Initial)
Mailing Address 5781 RUBY DRIVE

City TROY	State MI	Zip Code 48085-3922
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1997.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2445016931763

Amount of Each Receipt this Period

502.58

P/R Deduction (\$251.29 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	550.58
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 222
<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. DAVID SIEGEL
Full Name (Last, First, Middle Initial)

Mailing Address 264 LAKEWOOD DRIVE

City BLOOMFIELD HILLS State MI Zip Code 48304-3531

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 ▼ **363.78**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2445017131763

Amount of Each Receipt this Period **91.26**

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

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

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481-5400

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **664.80**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2460167231763

Amount of Each Receipt this Period **55.40**

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

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

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

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 ▼ **480.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2460167331763

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 90 OF 222
	(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. JUNE THIELEN		Date of Receipt
Mailing Address 6245 WAKEFIELD COURT		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SHAKOPEE	MN	55379-7091
FEC ID number of contributing federal political committee.		Transaction ID : PR2460167531763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="27.60"/>
Name of Employer	Occupation	P/R Deduction (\$13.80 Bi-Weekly)
United HealthCare Services Inc	SVP Human Capital	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="331.20"/>	

Full Name (Last, First, Middle Initial) B. KARIN KEITEL		Date of Receipt
Mailing Address 3918 HAVEN ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNETONKA	MN	55345-2371
FEC ID number of contributing federal political committee.		Transaction ID : PR2460167631763
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	Occupation	P/R Deduction (\$50.00 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="1200.00"/>	

Full Name (Last, First, Middle Initial) C. LARRY RENFRO		Date of Receipt
Mailing Address 5 DOVE LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ANDOVER	MA	01810-2845
FEC ID number of contributing federal political committee.		Transaction ID : PR2460168131763
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)
United HealthCare 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="4615.20"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="512.20"/>
TOTAL 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 91 OF 222
	<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 ORBUCH
Full Name (Last, First, Middle Initial)
Mailing Address 3370 SYCAMORE LANE
City PLYMOUTH State MN Zip Code 55441-2229
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 **1923.32**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2460168231763
Amount of Each Receipt this Period **576.66**
P/R Deduction (\$288.33 Bi-Weekly)

B. ERIC WEXLER
Full Name (Last, First, Middle Initial)
Mailing Address 7220 WILLOW OAK DR
City WEST BLOOMFIELD State MI Zip Code 48324-3081
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **768.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2463723131763
Amount of Each Receipt this Period **64.00**
P/R Deduction (\$32.00 Bi-Weekly)

C. KAREN 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 **480.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : PR2463723431763
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **680.66**
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: (check only one)	PAGE 92 OF 222
	<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. PETER GILL

Mailing Address 8380 MONTGOMERY COURT

City State Zip Code
EDEN PRAIRIE MN 55347-1402

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

Name of Employer Occupation
United HealthCare Services Inc VP Corp Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2463724631763

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

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

Mailing Address 714 GREYTHORNE ROAD

City State Zip Code
WYNNEWOOD PA 19096-2511

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 ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2480620531763

Amount of Each Receipt this Period
250.00

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

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

Mailing Address W154N6076 HICKORY HOLLOW CT

City State Zip Code
MENOMONEE FALLS WI 53051-5891

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

Name of Employer Occupation
United HealthCare Services Inc Regn Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2484541531763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2778.00
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 93 OF 222
	<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. LILLIAN 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 ▼ 720.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2484542131763
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. MARK PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 LUCY RIDGE CT
 City CHANHASSEN State MN Zip Code 55317-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1827.60

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2484542631763
 Amount of Each Receipt this Period 672.40
 P/R Deduction (\$336.20 Bi-Weekly)

C. DANIEL TROPEANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 RAVENSCLIFF RD
 City SAINT DAVIDS State PA Zip Code 19087-4732
 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 ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2484542831763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	752.40
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 94 OF 222
	<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. JERI KUBICKI		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 7659 COLDSTREAM DRIVE		Transaction ID : PR2486697831763
City CINCINNATI	State OH	Zip Code 45255-3932
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4100.00	P/R Deduction (\$450.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. THOMAS MANDERFELD		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 4835 PENN AVENUE SOUTH		Transaction ID : PR2486697931763
City MINNEAPOLIS	State MN	Zip Code 55419-5258
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LEANNE SCHEIBER		Date of Receipt MM / DD / YYYY 11 / 30 / 2013
Mailing Address 1008 LEXINGTON AVE N		Transaction ID : PR2486698131763
City NEW PRAGUE	State MN	Zip Code 56071-2027
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2491457031763

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO State IL Zip Code 60611-7435

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2491457531763

Amount of Each Receipt this Period 194.00

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

C. MARTIN TOOMB
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER State NJ Zip Code 07801-1605

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2538641531763

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 424.00

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 96 OF 222
(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. KARA SMITH

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code
 ALEXANDRIA VA 22302-2533

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 ▼
 4442.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2540175331763

Amount of Each Receipt this Period
 557.66

P/R Deduction (\$278.83 Bi-Weekly)

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

Mailing Address PO BOX 44246

City State Zip Code
 DENVER CO 80201-4246

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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2541300431763

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 7417 LYNNHURST STREET

City State Zip Code
 CHEVY CHASE MD 20815-3101

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 ▼
 933.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2541300631763

Amount of Each Receipt this Period
 266.66

P/R Deduction (\$133.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 924.32

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 222
	<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 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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2541300731763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2307.84**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2541300831763

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 ▼ **720.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2542541931763

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional)..... **280.32**

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 98 OF 222
	<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. RICHARD RAMSAY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 543 E LURAY AVE		Transaction ID : PR2542542231763
City ALEXANDRIA	State VA	Zip Code 22301-1605
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 Govt Rel Dir	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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. IPYANA SPENCER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 4226 40TH STREET NORTH		Transaction ID : PR2542542331763
City ARLINGTON	State VA	Zip Code 22207-4610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. ANNE YAU		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 9905 WOODLAND DRIVE		Transaction ID : PR2543582531763
City SILVER SPRING	State MD	Zip Code 20902-4047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 99 OF 222
	(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. CHANTA COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE	State FL	Zip Code 32311-3331
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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 ▼
4923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2552313531763

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 458 MORENO ROAD

City WYNNEWOOD	State PA	Zip Code 19096-1124
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA Sr Acct Exe
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2552313731763

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 78 PATTI LYNN LANE

City HOUSTON	State TX	Zip Code 77024-7120
-----------------	-------------	------------------------

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

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

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
11	/	30	/	2013

Transaction ID : PR2552960731763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	174.92
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 100 OF 222
(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. KEVIN BROOKS

Mailing Address 2750 FOUNTAIN LANE NORTH

City State Zip Code
 PLYMOUTH MN 55447-1705

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552961031763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 20 VERMILION CLIFFS

City State Zip Code
 ALISO VIEJO CA 92656-8096

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552961231763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 11700 ARBORHILL DRIVE

City State Zip Code
 ZIONSVILLE IN 46077-9683

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552961331763

Amount of Each Receipt this Period
 70.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00

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 101 OF 222
	<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 COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3325 LACEBARK PINE STREET

City LAS VEGAS	State NV	Zip Code 89129-8134
-------------------	-------------	------------------------

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

Name of Employer Southwest Medical Assoc. Inc.	Occupation VP Gen Mgmt
---	---------------------------

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
11	/	30	/	2013

Transaction ID : PR2552961431763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 10051 VALLEY RIDGE COURT

City LAS VEGAS	State NV	Zip Code 89148-7602
-------------------	-------------	------------------------

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

Name of Employer Health Plan of Nevada	Occupation Dir Apps Dev
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2552962231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. SCOTT FLANNERY
Full Name (Last, First, Middle Initial)

Mailing Address 8508 TRELADY CT

City PLANO	State TX	Zip Code 75024-6827
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn Growth Off
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2552962331763

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 102 OF 222
(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 GWINN
 Mailing Address 9302 CENTURY OAK COURT
 City State Zip Code
 BRENTWOOD TN 37027-3321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Proj Rsch Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2552962631763
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CLAIRE HANNAN
 Mailing Address 25932 PORTAFINO DRIVE
 City State Zip Code
 MISSION VIEJO CA 92691-5716
 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 ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2552962731763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. OREN HERMEL
 Mailing Address 7705 WALDEN BLVD
 City State Zip Code
 WAUSAU WI 54401-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2552962831763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.08
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 103 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 / /
Transaction ID : PR2552963231763

Amount of Each Receipt this Period

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

B. JARRETT JEDLICKA
Full Name (Last, First, Middle Initial)

Mailing Address 554 SPRUCE ST

City EAGAN State MN Zip Code 55123-4914

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
 / /
Transaction ID : PR2552963331763

Amount of Each Receipt this Period

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

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

Mailing Address 6705 SOUTHCREST DRIVE

City EDINA State MN Zip Code 55435-1549

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 ▼ **336.00**

Date of Receipt
 / /
Transaction ID : PR2552963431763

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

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

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 104 OF 222
(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. NARASIMHAN KIDAMBI
 Full Name (Last, First, Middle Initial)
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2552963831763
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. KENNETH LANTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 WILLING WAY
 City State Zip Code
 TROY IL 62294-1287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Dir Sls Producing
 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
 11 / 30 / 2013
Transaction ID : PR2552964031763
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JOHN LOVELADY
 Full Name (Last, First, Middle Initial)
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2552964231763
 Amount of Each Receipt this Period
 1000.00
 P/R Deduction (\$500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 1060.00
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 105 OF 222
	<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. JULIE MACLEOD
Full Name (Last, First, Middle Initial)

Mailing Address 15314 JEFFERS PASS NW

City PRIOR LAKE State MN Zip Code 55372-3614

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 ▼ **336.00**

Date of Receipt: **11 / 30 / 2013**
Transaction ID : PR2552964431763

Amount of Each Receipt this Period: **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. MICHELLE MARTO
Full Name (Last, First, Middle Initial)

Mailing Address 149 WILLIAMSBURG COURT

City ALBANY State NY Zip Code 12203-5502

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 ▼ **336.00**

Date of Receipt: **11 / 30 / 2013**
Transaction ID : PR2552964731763

Amount of Each Receipt this Period: **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. CARL MATTSON
Full Name (Last, First, Middle Initial)

Mailing Address 539 ROUTE 9P

City SARATOGA SPRINGS State NY Zip Code 12866-7279

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt: **11 / 30 / 2013**
Transaction ID : PR2552964831763

Amount of Each Receipt this Period: **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	84.00
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 106 OF 222
	(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. REBECCA MCCABE
Full Name (Last, First, Middle Initial)

Mailing Address 111 CONNORS CIRCLE

City CARY State NC Zip Code 27511-6693

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2552964931763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 2624 N HARTLAND COURT

City CHICAGO State IL Zip Code 60614-4955

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 ▼ **276.96**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2552965031763

Amount of Each Receipt this Period **23.08**

P/R Deduction (\$11.54 Bi-Weekly)

C. LESLIE PAULUS
Full Name (Last, First, Middle Initial)

Mailing Address 305 E TUCKEY LN

City PHOENIX State AZ Zip Code 85012-1048

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2552965231763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **79.08**

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 107 OF 222
(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. GARY PEKA

Mailing Address 1122 FALLS CURVE

City State Zip Code
 CHASKA MN 55318-1275

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

Name of Employer Occupation
 United HealthCare Services Inc Six Sigma Cnslt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552965331763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD POTTER

Mailing Address 116 FULLER LANE

City State Zip Code
 WINNETKA IL 60093-4213

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

Name of Employer Occupation
 United HealthCare Services Inc NA VP Clnt Relationship

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552965431763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KRISTINE SAMSEL

Mailing Address 91 WAVERLY RD

City State Zip Code
 HUNTINGTON CT 06484-5835

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 ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552965731763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **84.00**

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 108 OF 222
(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 SCIUTO

Mailing Address 160 ACORN LANE

City State Zip Code
 MILFORD CT 06461-1876

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552966131763

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
B. BARRY STREIT

Mailing Address 5421 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424-1604

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

Name of Employer Occupation
 United HealthCare Services Inc RVP Medicr Field Sls

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552966731763

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
C. ANN TINKER

Mailing Address 10809 GARDEN MIST DRIVE #1061

City State Zip Code
 LAS VEGAS NV 89135-2878

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Compli

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2552966831763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 184.00

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 109 OF 222
(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. THOMAS VANDERHEYDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 WAYZATA BLVD E
 City WAYZATA State MN Zip Code 55391-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2552966931763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. AARON WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2552967031763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. GRETTA R WOODINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10555 GARDEN ROSE DRIVE
 City LAS VEGAS State NV Zip Code 89135-2836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pharmc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2552967231763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
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 110 OF 222
	<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. SCOTT NAASZ

Mailing Address 14327 BLUEBIRD TRAIL NE

City State Zip Code
PRIOR LAKE MN 55372-1204

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

Name of Employer Occupation
United HealthCare Services Inc VP Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2553474731763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MONICA RAYBURN

Mailing Address 688 WEST SYCAMORE

City State Zip Code
VERNON HILLS IL 60061-1084

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

Name of Employer Occupation
United HealthCare Services Inc Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2553475131763

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. ANDREW SULLIVAN

Mailing Address 1101 ROSEWOOD DRIVE

City State Zip Code
ATLANTA GA 30306-3554

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

Name of Employer Occupation
United HealthCare Services Inc Bus Adv/Tech Cnslt Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2553475331763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 111 OF 222
	<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. RICHARD THOMAS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 5121 DUPONT AVENUE SOUTH		Transaction ID : PR2553475431763
City MINNEAPOLIS	State MN	Zip Code 55419-1151
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 194.00	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	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 ▼ 2328.00	

Full Name (Last, First, Middle Initial) B. DENEEN VOJTA		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 5201 KELLOGG AVENUE		Transaction ID : PR2553475531763
City EDINA	State MN	Zip Code 55424-1304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 386.00	
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiv Clin Aff	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 ▼ 4632.00	

Full Name (Last, First, Middle Initial) C. DANIEL ZERAFI		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 61234 ADMIRAL DRIVE		Transaction ID : PR2553475731763
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation VP IT	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	608.00
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 112 OF 222
	(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. COLLEEN COHAN

Mailing Address 17402 SAINT THERESA DRIVE

City	State	Zip Code
OLNEY	MD	20832-2547

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

Name of Employer	Occupation
United HealthCare Services Inc	Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2554012731763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DINO COLALUCA

Mailing Address 23314 EVAN COURT NORTH

City	State	Zip Code
NEW BOSTON	MI	48164-8507

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

Name of Employer	Occupation
United HealthCare Services Inc	VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2554012831763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SHELLY ESPINOSA

Mailing Address 4060 WHITE OAK LANE

City	State	Zip Code
EXCELSIOR	MN	55331-7753

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Found/Social Resp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2554012931763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 113 OF 222
	<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. KARSTEN FLAGSTAD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2554013031763
Mailing Address 13420 JAY ST NW		Amount of Each Receipt this Period 200.00
City ANDOVER	State MN	Zip Code 55304-4015
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Info Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. PATRICK MEYER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2554013131763
Mailing Address 20676 HAZELWOOD TRAIL		Amount of Each Receipt this Period 28.00
City LAKEVILLE	State MN	Zip Code 55044-4678
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Compli	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. THOMAS MOORE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2554013231763
Mailing Address 10733 TAVISTOCK DRIVE		Amount of Each Receipt this Period 28.00
City TAMPA	State FL	Zip Code 33626-1718
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation PS Sr SIs Exe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 114 OF 222
(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 REIDY

Mailing Address 1016 BLAKEFIELD DRIVE

City State Zip Code
 BRENTWOOD TN 37027-8479

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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2554013331763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ASIR AHMAD

Mailing Address 1935 HILLWOOD DRIVE

City State Zip Code
 BLOOMFIELD HILLS MI 48304-2420

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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560064031763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOY ALEXANDER

Mailing Address 5116 NORTH TIOGA WAY

City State Zip Code
 LAS VEGAS NV 89149-5830

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

Name of Employer Occupation
 Health Plan of Nevada Assc Dir Mktg

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560064131763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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 115 OF 222
	(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)

Full Name (Last, First, Middle Initial)
A. JIM BENNETT

Mailing Address 3724 PINE TIP ROAD

City State Zip Code
TALLAHASSEE FL 32312-1016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2560064231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DANIEL CLUTE

Mailing Address 7756 N 85TH STREET

City State Zip Code
OMAHA NE 68122-1281

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 ▼
2328.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2560064431763

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 6970 SUZANNE COURT

City State Zip Code
SCHENECTADY NY 12303-5285

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 ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2560064531763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
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 116 OF 222
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A. SANDRA FORQUER
Full Name (Last, First, Middle Initial)

Mailing Address 96 AVENIDA ALDEA

City SANTA FE State NM Zip Code 87507-9449

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

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
 11 / 30 / 2013

Transaction ID : PR2560064631763

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. CRAIG 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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560064731763

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL State NY Zip Code 12198-8018

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

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Exec EmpireRx

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560064831763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 117 OF 222
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DONALD GIANCURSIO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2560064931763
Mailing Address 72 MIDNIGHT RIDGE DR		Amount of Each Receipt this Period 386.00
City LAS VEGAS	State NV	Zip Code 89135-1680
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 ▼ 4632.00	

Full Name (Last, First, Middle Initial) B. JERI JONES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2560065131763
Mailing Address 512 W ORANGEWOOD AVE		Amount of Each Receipt this Period 78.00
City PHOENIX	State AZ	Zip Code 85021-7252
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regn Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) C. SHELDON LIPPMAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2560065431763
Mailing Address 55 CLIFFFIELD ROAD		Amount of Each Receipt this Period 194.00
City BEDFORD	State NY	Zip Code 10506-1210
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Med Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2328.00	

SUBTOTAL of Receipts This Page (optional).....▶	658.00
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 118 OF 222
	(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. ANGELA LOBERG		Date of Receipt
Mailing Address 2837 EAST PARK PLACE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MILWAUKEE	WI	53211-3845
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065531763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="194.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	SB VP Sls Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) B. JEFFREY LUCHT		Date of Receipt
Mailing Address 191 MAIN ST		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
S GLASTONBURY	CT	06073-3004
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065631763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="194.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	SVP Act Underwriting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) C. KEVIN MARONEY		Date of Receipt
Mailing Address 5052 NORMAN DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNETONKA	MN	55345-4636
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065731763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Assc 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="336.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.00"/>
TOTAL 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 119 OF 222
(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 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 ▼ **936.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560066031763

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. WILLIAM O'BRYANT

Mailing Address 22191 WESTCLIFF

City State Zip Code
 MISSION VIEJO CA 92692-4310

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 ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560066131763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 3161 EMERALD VALLEY ROAD

City State Zip Code
 ELLICOTT CITY MD 21042-1013

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560066231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.00**

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 120 OF 222
(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. DONALD ROWE

Mailing Address 5 LANTERN LANE

City State Zip Code
 MAYNARD MA 01754-2171

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

Name of Employer Occupation
 United HealthCare Services Inc KA Dir of AM producing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560066531763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DENISE VAIL

Mailing Address 35 CLEVELAND AVENUE

City State Zip Code
 SAYVILLE NY 11782-1322

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560066831763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DEBRA COLLINS

Mailing Address 3862 CARRIAGE HILL DRIVE

City State Zip Code
 FREDERICK MD 21704-7313

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 ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2560398031763

Amount of Each Receipt this Period
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **86.00**

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 121 OF 222
	<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. KRISTA DICKMAN		Date of Receipt
Mailing Address 2533 ONYX DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City SHAKOPEE	State MN	Zip Code 55379-2770
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR2560398131763
Name of Employer United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="28.00"/>
Occupation Sr Proj Mgr III		P/R Deduction (\$14.00 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="336.00"/>	

Full Name (Last, First, Middle Initial) B. GEORGE KOREAN		Date of Receipt
Mailing Address 6 VERANO		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City FOOTHILL RANCH	State CA	Zip Code 92610-1827
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR2560398531763
Name of Employer United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="28.00"/>
Occupation Dir Act Svs		P/R Deduction (\$14.00 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="336.00"/>	

Full Name (Last, First, Middle Initial) C. GARY MURRAY		Date of Receipt
Mailing Address 13093 GROUSE POINTE COVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City DRAPER	State UT	Zip Code 84020-8258
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : PR2560398731763
Name of Employer United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation Dir Bus Risk Mgmt		P/R Deduction (\$10.00 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="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 122 OF 222
(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. TIMOTHY 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 VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2397.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2560398831763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ROBERT WULF
 Mailing Address 622 N 11TH ST
 City State Zip Code
 WAUSAU WI 54403-5004
 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 ▼
 243.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2560398931763
 Amount of Each Receipt this Period
 121.66
 P/R Deduction (\$60.83 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES CRONIN
 Mailing Address 20700 DELTA DRIVE
 City State Zip Code
 GAITHERSBURG MD 20882-1121
 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 ▼
 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2560821131763
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 276.58
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 123 OF 222
	(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. PATRICK O'BRIEN

Mailing Address **33 BARRINGTON DRIVE**

City BEDFORD	State NH	Zip Code 03110-5601
------------------------	--------------------	-------------------------------

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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2560821431763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARIE PERO

Mailing Address **516 APPLE LANE**

City HARLEYSVILLE	State PA	Zip Code 19438-2549
-----------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2560821531763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOY STEPHENS

Mailing Address **7320 YORK AVE N**

City BROOKLYN PARK	State MN	Zip Code 55443-3544
------------------------------	--------------------	-------------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Bus Anlys
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2560821631763

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 124 OF 222
	<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. BRIAN 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 ▼ **936.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2561457631763

Amount of Each Receipt this Period **78.00**

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

B. KEITH VOLLBERG
Full Name (Last, First, Middle Initial)

Mailing Address 1001 NANDINA DR

City WESTON State FL Zip Code 33327-2481

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2563207731763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 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 ▼ **936.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2563211031763

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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 125 OF 222
	<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. KATHLEEN CRAMPTON
Full Name (Last, First, Middle Initial)

Mailing Address 2335 SOUTH OCEAN BLVD B5

City PALM BEACH	State FL	Zip Code 33480-5368
--------------------	-------------	------------------------

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2563211131763

Amount of Each Receipt this Period
200.00

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

B. JACQULYN BARTON
Full Name (Last, First, Middle Initial)

Mailing Address 1587 112 TH COURT WEST

City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5412
-----------------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Human Capital Partner
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2563211231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. DIANE M HUSS
Full Name (Last, First, Middle Initial)

Mailing Address 2622 LITER COURT

City ELLCOTT CITY	State MD	Zip Code 21042-1729
----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Clin Qlty Anlyst Sr
--	-----------------------------------

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
11	/	30	/	2013

Transaction ID : PR2564296731763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	248.00
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 126 OF 222
	(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. JENNIFER 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 ▼
2328.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2564296831763

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA State FL Zip Code 33647-3515

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 ▼
3000.06

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2564296931763

Amount of Each Receipt this Period
333.34

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

C. ANDREW MACKENZIE
Full Name (Last, First, Middle Initial)

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS State MN Zip Code 55403-2823

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2564297131763

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	727.34
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 127 OF 222
(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. STEPHEN SWANSON
 Mailing Address 3001 HUNTINGTON COURT
 City State Zip Code
 KATY TX 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2564297331763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. HARVEY BALTHASER
 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 ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2564297531763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. STEVEN WALLI
 Mailing Address 18615 CHARLEVOIX LANE
 City State Zip Code
 CHESTERFIELD MO 63005-6200
 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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2564297631763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00
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 128 OF 222
	<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. ELLEN DAMATO		Date of Receipt
Mailing Address 1300 DALHART DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
ALLEN	TX	75013-5339
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802231763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Dir Ntwk Contrctng	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) B. JOSH WILLSON		Date of Receipt
Mailing Address 201 ADAMS CT		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
COLLEYVILLE	TX	76034-6811
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802531763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	SB VP Sls Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) C. CHRISTOPHER CARLSON		Date of Receipt
Mailing Address 12801 OVERLOOK ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DAYTON	MN	55327-9678
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802631763
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	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="96.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 222
	<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 HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE	State MN	Zip Code 55311-4585
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Controller Mkt Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2564802731763

Amount of Each Receipt this Period
194.00

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

B. PHYLLIS DOZIER
Full Name (Last, First, Middle Initial)

Mailing Address 4825 KNOX AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55419-5238
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2564802831763

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

C. MARYELLEN GOODWIN
Full Name (Last, First, Middle Initial)

Mailing Address 1678 BRIDGEWATER DRIVE

City LAKE MARY	State FL	Zip Code 32746-4103
-------------------	-------------	------------------------

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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2564802931763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2722.00
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 130 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KATHERINE KENNY
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882-2301

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

Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564803231763

Amount of Each Receipt this Period 78.00

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

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

Mailing Address 718 HICKORY HILL RD

City FRANKLIN LAKES State NJ Zip Code 07417-1707

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564803331763

Amount of Each Receipt this Period 78.00

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

C. DARREN MOQUIST
Full Name (Last, First, Middle Initial)

Mailing Address 1200 NICOLLET MALL #507

City MINNEAPOLIS State MN Zip Code 55403-2408

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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564803431763

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 184.00

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 131 OF 222
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARK BELLMAN

Mailing Address 5601 VAN WINKLE LN

City State Zip Code
 AUSTIN TX 78739-1694

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2564803531763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LISA WRIGHT

Mailing Address 1512 PARK BLVD

City State Zip Code
 CHERRY HILL NJ 08002-3715

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

Name of Employer Occupation
 United HealthCare Services Inc Sr Prod Mgr

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2564803731763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. TAMMY O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
 BROOKEVILLE MD 20833-3265

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

Name of Employer Occupation
 United HealthCare Services Inc SB VP Sls

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2564803931763

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.00**

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 132 OF 222
	<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 BERNIS
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 ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564804031763
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

B. BARRY HOFER
Full Name (Last, First, Middle Initial)
Mailing Address 10464 SHELTER GROVE
City EDEN PRAIRIE State MN Zip Code 55347-4855
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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564804131763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. KATHRYN 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 ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2564804331763
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.00
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 133 OF 222
(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. JARROD FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PARK FOREST DRIVE
 City CHESTERFIELD State MO Zip Code 63017-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2564804531763
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. TIMOTHY WICKS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44518
 City EDEN PRAIRIE State MN Zip Code 55344-1518
 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 ▼ 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2565448631763
 Amount of Each Receipt this Period 333.33
 P/R Deduction (\$333.33 Bi-Weekly)

C. DONNA CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10761 INDEPENDENCE WAY
 City CARMEL State IN Zip Code 46032-9333
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2565448831763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 441.33
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 134 OF 222
(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. NORINE YUKON
 Mailing Address 5118 MANSFIELD VIEW COURT
 City State Zip Code
 AUSTIN TX 78732-1854
 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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2565449031763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. NEIL MANSUKHANI
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City State Zip Code
 WESTON FL 33331-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB Dir PEO Sls
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2567129431763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DENISE ZAMORE
 Mailing Address 12 NOLAN CIRCLE
 City State Zip Code
 MANCHESTER CT 06042-1777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2567129531763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
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 135 OF 222
<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. WENDY ARNONE
Full Name (Last, First, Middle Initial)

Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS	State WI	Zip Code 53051-8335
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2568900531763

Amount of Each Receipt this Period
100.00

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

B. MATTHEW STEARNS
Full Name (Last, First, Middle Initial)

Mailing Address 5105 CAPE COD COURT

City BETHESDA	State MD	Zip Code 20816-2907
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2571777931763

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 9501 WEXCROFT DRIVE

City BRENTWOOD	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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2571778231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	206.00
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 136 OF 222
(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. BRUCE MOYER
 Mailing Address 18426 MAGENTA BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2571778331763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARCUS ROBINSON
 Mailing Address 590 SPENDER TRACE
 City State Zip Code
 DUNWOODY GA 30350-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB Mgr Sls
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2572588931763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SHAUN JACQUET
 Mailing Address 4332 FOREST RIDGE DRIVE
 City State Zip Code
 SUAMICO WI 54313-8557
 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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2572589331763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
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 137 OF 222
	<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. JEFFREY 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 ▼ 960.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2572589431763
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

B. THOMAS SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 1502 EAST AVENUE NORTH
City ONALASKA State WI Zip Code 54650-7003
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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2572589531763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. JOSEPH GRAY
Full Name (Last, First, Middle Initial)
Mailing Address 19480 ELBERT POINT
City EXCELSIOR State MN Zip Code 55331-6901
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Human Capital Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2572589831763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 136.00
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 138 OF 222
	<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. KEVIN 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 Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2572590031763

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 2747 WEST VIEW DRIVE

City NEW PRAGUE State MN Zip Code 56071-8989

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

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2572590131763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 764 TOPAZ STREET

City NEW ORLEANS State LA Zip Code 70124-3624

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

Name of Employer United HealthCare Services Inc Occupation SB KA Dir Sls AM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2572590631763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 139 OF 222
	(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. JAMES HARGIS			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2572590731763
Mailing Address 1820 ROSEDALE			Amount of Each Receipt this Period 360.00
City EDMOND	State OK	Zip Code 73013-6638	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Mgr Pharm Ops	
Name of Employer United HealthCare Services Inc	Aggregate Year-to-Date ▼ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. THOMAS CHEEK			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2572590931763
Mailing Address P0 BOX 86233			Amount of Each Receipt this Period 20.00
City PHOENIX	State AZ	Zip Code 85080	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Sr Med Dir	
Name of Employer United HealthCare Services Inc	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. THERESA CLARKE			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2572591131763
Mailing Address 16652 1/2 GRAND AVE			Amount of Each Receipt this Period 78.00
City BELLFLOWER	State CA	Zip Code 90706-5038	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Occupation Assc Dir Clin Qlty	
Name of Employer United HealthCare Services Inc	Aggregate Year-to-Date ▼ 936.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	128.00
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 140 OF 222
	<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. KIMBERLEY MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 16 CELONOVA PLACE

City State Zip Code
FOOTHILL RANCH CA 92610-1942

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

Name of Employer Occupation
United HealthCare Services Inc Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2572591231763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. WEI SUN
Full Name (Last, First, Middle Initial)

Mailing Address 7049 FIRENZA PL

City State Zip Code
DUBLIN OH 43016-6199

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

Name of Employer Occupation
United HealthCare Services Inc Dir Act Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2572591331763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 1421 SOMERFIELD DRIVE

City State Zip Code
BOLINGBROOK IL 60490-3207

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

Name of Employer Occupation
United HealthCare Services Inc Chief Field Ops Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2328.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2572992731763

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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 141 OF 222
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL MCGINNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 MCINDOE ST
 City WAUSAU State WI Zip Code 54403-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2573519031763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. LESLIE HARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2574979431763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 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 United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2574988231763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 142 OF 222
	<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. SHELONDA AGEE
Full Name (Last, First, Middle Initial)
Mailing Address 6317 BUNKER DRIVE
City State Zip Code
LOCUST GROVE GA 30248-7065
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Dir Prov Svc
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2574997631763
Amount of Each Receipt this Period
20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. LORI 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 ▼
2328.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2575030931763
Amount of Each Receipt this Period
194.00
P/R Deduction (\$97.00 Bi-Weekly)

C. JENNIFER 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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2575034531763
Amount of Each Receipt this Period
500.00
P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 714.00
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 143 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. JEFFREY MADDOX		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 207 MARY WIL CT		Transaction ID : PR2575039531763
City GREENSBORO	State NC	Zip Code 27455-2262
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		Amount of Each Receipt this Period 28.00
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. HOWARD MARGOLIES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address ONE PAGE DRIVE		Transaction ID : PR2575050331763
City RED BANK	State NJ	Zip Code 07701-5640
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation SB VP SIs Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		Amount of Each Receipt this Period 28.00
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CARY MCCARTY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 8800 RUMFIELD RD		Transaction ID : PR2575059431763
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	
		Amount of Each Receipt this Period 78.00
		P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 144 OF 222
	<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. MARK ALLEN		Date of Receipt
Mailing Address 11359 ENTREVAUX DRIVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347-2862
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	
		Transaction ID : PR2575060231763
		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SANDRA NICHOLS		Date of Receipt
Mailing Address 12706 YOUNG LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
NORTH POTOMAC	MD	20878-6112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Shared Svs Regn CMO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : PR2575074531763
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
		P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CHARLES JACOBY		Date of Receipt
Mailing Address 3315 IRVING AVE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
MINNEAPOLIS	MN	55408-3321
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
United HealthCare Services Inc	Dir IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.00"/>	
		Transaction ID : PR2575099231763
		Amount of Each Receipt this Period
		<input type="text" value="32.00"/>
		P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1060.00"/>
TOTAL 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 145 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PHEBE CHAMPION
Full Name (Last, First, Middle Initial)
Mailing Address 5124 WEDMORE CT
City NORTH LAS VEGAS State NV Zip Code 89031-0364
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575108331763
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. SCOTT LYDON
Full Name (Last, First, Middle Initial)
Mailing Address 2 PLOWBOY PATH
City COMMACK State NY Zip Code 11725-1410
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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575122231763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. ZOE HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 4030 SERANGO COURT
City WEST LINN State OR Zip Code 97068-2840
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575136231763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 106.00
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 146 OF 222
<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. KELLY BEECHER
Full Name (Last, First, Middle Initial)

Mailing Address 7640 CURIOSITY AVE

City LAS VEGAS State NV Zip Code 89131-4792

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Accting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.32**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575161131763

Amount of Each Receipt this Period **121.66**

P/R Deduction (\$60.83 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 United HealthCare Services Inc Occupation Pres Prov Sols

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575163531763

Amount of Each Receipt this Period **250.00**

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

C. SCOTT 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 ▼ **2400.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575164431763

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional)..... **571.66**

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: (check only one)	PAGE 147 OF 222
	<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. KRISTIN MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 9465 DARTRIDGE DRIVE

City DALLAS State TX Zip Code 75238-1873

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575194431763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. MICHAEL PATRICK STAMM
Full Name (Last, First, Middle Initial)

Mailing Address 6721 MOSSY GLEN DR

City FORT MYERS State FL Zip Code 33908-4771

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575194631763

Amount of Each Receipt this Period **80.00**

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

C. HOWARD GILPIN JR
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL State PA Zip Code 19422-3481

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575224931763

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **186.00**

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 148 OF 222
	(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. DONALD REILLY

Mailing Address 5 LEGHORN LANE

City State Zip Code
CROMWELL CT 06416-1671

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 ▼
202.23

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2575225331763

Amount of Each Receipt this Period
57.78

P/R Deduction (\$28.89 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KATHLEEN CADMUS

Mailing Address 8426 STONE CREEK CT

City State Zip Code
CHANHASSEN MN 55317-7408

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 ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2575230431763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 417 STERLING STREET

City State Zip Code
LANCASTER MA 01523-1847

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 ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2575233631763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	105.78
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 149 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10205 GROOMSBRIDGE ROAD

City State Zip Code
JOHNS CREEK GA 30022-5645

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

Name of Employer Occupation
United HealthCare Services Inc Dir Empl Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575238631763

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. JOANNE SHUEY
Full Name (Last, First, Middle Initial)

Mailing Address 2694 WEST CREEK DRIVE

City State Zip Code
FRISCO TX 75033-4759

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

Name of Employer Occupation
United HealthCare Services Inc KA VP Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575241631763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 209 SOUTHPOND RD

City State Zip Code
GLASTONBURY CT 06033-1712

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

Name of Employer Occupation
United HealthCare Services Inc Chief Growth Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575247831763

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	248.00
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 150 OF 222
	<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"/>	<input type="checkbox"/> 17

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

A. TERRY JONES
Full Name (Last, First, Middle Initial)

Mailing Address 11856 NW 12TH MANOR

City CORAL SPRINGS State FL Zip Code 33071-5035

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575279231763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. SAMANTHA MARCARIO
Full Name (Last, First, Middle Initial)

Mailing Address 2117 CAMP INDIANHEAD ROAD

City LAND O LAKES State FL Zip Code 34639-5268

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575287831763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. TOM BEAUREGARD
Full Name (Last, First, Middle Initial)

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

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

Name of Employer United HealthCare Services Inc Occupation Pres United Essentials

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1554.75**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575295131763

Amount of Each Receipt this Period **945.24**

P/R Deduction (\$472.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1001.24**

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 151 OF 222
(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 MONAGHAN

Mailing Address 450 EDGEWOOD AVE

City WESTFIELD State NJ Zip Code 07090-4353

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 279.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575296831763

Amount of Each Receipt this Period
 93.26

P/R Deduction (\$46.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CLARE GROCHOWSKI

Mailing Address 205 ALAPOCAS DRIVE

City WILMINGTON State DE Zip Code 19803-4504

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575300131763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BRADLEY TINNERMON

Mailing Address 845 HICKORY SHOALS RD

City MARIETTA State GA Zip Code 30064-1182

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 243.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575311031763

Amount of Each Receipt this Period
 121.66

P/R Deduction (\$60.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID WALSH		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 2158 CARROLL AVENUE		Transaction ID : PR2575312731763
City SAINT PAUL	State MN	Zip Code 55104-5042
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 Dir Regl Affs	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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. JAN GRIMM		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 3608 WEST 85TH STREET		Transaction ID : PR2575314831763
City LEAWOOD	State KS	Zip Code 66206-1353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.28
Name of Employer United HealthCare Services Inc	Occupation Mkt Sls SVP Optuml	P/R Deduction (\$52.14 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.70	

Full Name (Last, First, Middle Initial) C. JEFFREY GOLDBERG		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 3410 BRADLEY LANE		Transaction ID : PR2575326931763
City CHEVY CHASE	State MD	Zip Code 20815-3262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Strat Clnt Rel Ex Optuml	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

SUBTOTAL of Receipts This Page (optional).....▶	282.28
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 153 OF 222
	(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. PATRICK IMDIEKE

Mailing Address 15900 WHITE PINE DRIVE

City WAYZATA State MN Zip Code 55391-2125

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Anlys

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
11 / 30 / 2013

Transaction ID : PR2575347931763

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2575350931763

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. SALLY BROWN

Mailing Address 192 HOMEWOOD DRIVE

City CLINTON State NY Zip Code 13323-1512

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **283.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2575363631763

Amount of Each Receipt this Period
81.10

P/R Deduction (\$40.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	179.10
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: (check only one)	PAGE 154 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CHRIS GALANOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 PARK VALLEY
 City COPPELL State TX Zip Code 75019-5368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575370031763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. JOHN WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6980 E SAHAURO DRIVE APT #3065
 City SCOTTSDALE State AZ Zip Code 85254-6149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Bus Adv/Tech Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.32

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575372431763
 Amount of Each Receipt this Period 121.66
 P/R Deduction (\$60.83 Bi-Weekly)

C. STEVE MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 W 71ST TERRACE
 City KANSAS CITY State MO Zip Code 64114-1238
 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 ▼ 273.78

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575374831763
 Amount of Each Receipt this Period 91.26
 P/R Deduction (\$45.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	232.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 222
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KATHLEEN DOLL		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 3184 MULLIGAN LANE		Transaction ID : PR2575385131763
City CHASKA	State MN	Zip Code 55318-3226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United HealthCare Services Inc	Occupation VP Sls Optuml	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. GREGORIO CORTEZ		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 7201 RANCH RD 2222 APT 2322		Transaction ID : PR2575394331763
City AUSTIN	State TX	Zip Code 78730-3222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. LINDA POST		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 6520 JAYCOX ROAD		Transaction ID : PR2575395231763
City GALENA	State OH	Zip Code 43021-9530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	78.00
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 156 OF 222
(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. 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 ▼ **777.77**

Date of Receipt
 / /
Transaction ID : PR2575419131763

Amount of Each Receipt this Period

P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JERI 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 United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt
 / /
Transaction ID : PR2575419831763

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)
C. KARIN O'HARA

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 ▼ **750.00**

Date of Receipt
 / /
Transaction ID : PR2575428731763

Amount of Each Receipt this Period

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

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

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 157 OF 222
(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. JEFFERSON WALTERS
 Mailing Address 8308 CEDAR HILL ROAD
 City State Zip Code
 WAYNESVILLE OH 45068-8969
 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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575445831763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MILLA HAUTMAN
 Mailing Address 410 SYCAMORE CIRCLE
 City State Zip Code
 PLYMOUTH MN 55441-5667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Info Tech
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575447131763
 Amount of Each Receipt this Period
 146.00
 P/R Deduction (\$73.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ROBERT BOOKER
 Mailing Address 16632 HANSON BLVD NW
 City State Zip Code
 ANDOVER MN 55304-2089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575447231763
 Amount of Each Receipt this Period
 121.66
 P/R Deduction (\$60.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.66
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 158 OF 222
(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. LOUIS FLOCCO
 Mailing Address 7353 EAST SKYLINE DRIVE
 City State Zip Code
 ORANGE CA 92867-6451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2575448631763
 Amount of Each Receipt this Period
28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. THOMAS BARTHEL
 Mailing Address 9713 HEMLOCK LANE NORTH
 City State Zip Code
 MAPLE GROVE MN 55369-3665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
273.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2575484331763
 Amount of Each Receipt this Period
91.26
 P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLINTON WOLF
 Mailing Address 2647 N SOUTHPORT
 City State Zip Code
 CHICAGO IL 60614-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg Bus Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013
Transaction ID : PR2575490931763
 Amount of Each Receipt this Period
30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **149.26**
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 159 OF 222
	<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. MICHELE RAMIREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 CALAIS ROAD
 City RANDOLPH State NJ Zip Code 07869-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575502431763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DEBORAH SUNDAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 WEST 66TH ST
 City EDINA State MN Zip Code 55439-1429
 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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575502931763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. ALDIS HAGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14101 ROCKAWAY BEACH BOULEVARD
 City BELLE HARBOR State NY Zip Code 11694-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575506731763
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	76.00
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 160 OF 222
	<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. KARL ULFERS
Full Name (Last, First, Middle Initial)

Mailing Address 339 W ELMWOOD PLACE

City State Zip Code
MINNEAPOLIS MN 55419-1349

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 ▼ **243.32**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575509231763

Amount of Each Receipt this Period
121.66

P/R Deduction (\$60.83 Bi-Weekly)

B. MOLLY JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City State Zip Code
MINNETONKA MN 55305-2809

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

Name of Employer Occupation
United HealthCare Services Inc VP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2112.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575521731763

Amount of Each Receipt this Period
384.00

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

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

Mailing Address 54 GREENWOOD DRIVE

City State Zip Code
SOUTH WINDSOR CT 06074-2957

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
11 / 30 / 2013

Transaction ID : PR2575522331763

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	755.66
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: (check only one)	PAGE 161 OF 222
	<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. ERIC KAPLAN
Full Name (Last, First, Middle Initial)

Mailing Address 193 PARTRIDGE LANDING

City GLASTONBURY State CT Zip Code 06033-2849

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

Name of Employer United HealthCare Services Inc Occupation NA VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575524031763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 9557 WOODRIDGE CIRCLE

City EDEN PRAIRIE State MN Zip Code 55347-2744

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575528131763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS 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 United HealthCare Services Inc Occupation Behvrl Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575536231763

Amount of Each Receipt this Period **500.00**

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

SUBTOTAL of Receipts This Page (optional)..... **556.00**

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 162 OF 222
	<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. NADINE HAUF
Full Name (Last, First, Middle Initial)
Mailing Address 1813 SAN LEANNA
City ALLEN State TX Zip Code 75013-4741
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575538831763
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. AMY BALCK
Full Name (Last, First, Middle Initial)
Mailing Address N3681 VINE RD
City FREEDOM State WI Zip Code 54913-6928
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Mgr Mkt Svc Acct Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575548431763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. JULIE SCOTT
Full Name (Last, First, Middle Initial)
Mailing Address 271 NW 42ND AVE
City COCONUT CREEK State FL Zip Code 33066-1823
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Pricing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575578031763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
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 163 OF 222
	<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. BEVERLY COURNOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5333 PAINTED MIRAGE RD
 City LAS VEGAS State NV Zip Code 89149-0309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575582631763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ELIZABETH WINSOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 THOMPSON HILL ROAD
 City COLLINSVILLE State CT Zip Code 06019-3532
 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 ▼ 1666.68

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575582831763
 Amount of Each Receipt this Period 833.34
 P/R Deduction (\$416.67 Bi-Weekly)

C. RICHARD REEVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1612 CARNOUSTIE DRIVE
 City PASADENA State MD Zip Code 21122-6674
 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 ▼ 260.70

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575583831763
 Amount of Each Receipt this Period 104.28
 P/R Deduction (\$52.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	965.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 222
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. MICHAEL PETEROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 PHILLIPS STREET
 City VISTA State CA Zip Code 92083-7171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575585631763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DEBORAH JORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 OLD BAY RD
 City BELCHERTOWN State MA Zip Code 01007-9348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575593631763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DAVID STAPLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 9170 WOODLAND DR
 City MINNETRISTA State MN Zip Code 55375-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.85

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575633931763
 Amount of Each Receipt this Period 81.10
 P/R Deduction (\$40.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	187.10
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: (check only one)	PAGE 165 OF 222
	<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. BRIAN 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 ▼ 666.68

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575634631763
Amount of Each Receipt this Period 333.34
P/R Deduction (\$166.67 Bi-Weekly)

B. JAN HENRY
Full Name (Last, First, Middle Initial)
Mailing Address 116 KANAPUU PLACE
City KAILUA State HI Zip Code 96734-4186
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Compli
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575636831763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. TERENCE CLARK
Full Name (Last, First, Middle Initial)
Mailing Address 8 COOPER AVENUE
City EDINA State MN Zip Code 55436-1315
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575636931763
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.34
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: (check only one)	PAGE 166 OF 222
	<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"/>	<input type="checkbox"/> 17

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

A. NEIL COLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 8465 MISSION HILLS LANE

City CHANHASSEN State MN Zip Code 55317-7712

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575637631763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. BENTON 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 United HealthCare Services Inc Occupation VP GM Clin Comnty Ntwks

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575639231763

Amount of Each Receipt this Period **1000.00**

P/R Deduction (\$500.00 Bi-Weekly)

C. NANCY 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 ▼ **1200.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575646931763

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	1128.00
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 167 OF 222
	<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. RONALD 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 ▼ **936.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575651531763

Amount of Each Receipt this Period **78.00**

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

B. JENNY HAYHURST
Full Name (Last, First, Middle Initial)

Mailing Address 23A MOUNT HYGEIA ROAD

City FOSTER State RI Zip Code 02825-1434

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 ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575651831763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. CARL 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 ▼ **936.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575669331763

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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 168 OF 222
	<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. 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 Dir Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575677231763
Amount of Each Receipt this Period 625.00
P/R Deduction (\$312.50 Bi-Weekly)

B. CHRISTOPHER 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 United HealthCare Services Inc Occupation VP Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575683831763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. JENNIFER COHEN-SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 51 ORCUTT
City GUILFORD State CT Zip Code 06437-2221
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 ▼ 260.70

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575693931763
Amount of Each Receipt this Period 104.28
P/R Deduction (\$52.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 757.28
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 169 OF 222
	<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 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 ▼ 760.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575696231763
Amount of Each Receipt this Period 240.00
P/R Deduction (\$120.00 Bi-Weekly)

B. STEVEN CHARLES FELTON
Full Name (Last, First, Middle Initial)
Mailing Address 6837 29TH AVE NE
City SEATTLE State WA Zip Code 98115-7236
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Clinical Services INC Occupation Nurse Pract
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575701131763
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 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 ▼ 2000.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575708831763
Amount of Each Receipt this Period 500.00
P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00
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 170 OF 222
	<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. MARK BERNAUER

Mailing Address 5512 LOWELL AVE

City INDIANAPOLIS State IN Zip Code 46219-5810

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

Name of Employer United HealthCare Services Inc Occupation Sr Hlth Economics Rscher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575718131763

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARY KNORR

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 Ntwks

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575735431763

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 3233 TIMBERWOLF CIRCLE

City PRIOR LAKE State MN Zip Code 55372-3272

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 ▼ **243.32**

Date of Receipt **11 / 30 / 2013**

Transaction ID : PR2575735731763

Amount of Each Receipt this Period **121.66**

P/R Deduction (\$60.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **349.66**

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 171 OF 222
(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 PORTZ
 Mailing Address 2119 SHERIDAN HILLS RD
 City State Zip Code
 WAYZATA MN 55391-2327
 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 ▼
 219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575744531763
 Amount of Each Receipt this Period
 146.00
 P/R Deduction (\$73.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CARLOS ADAME
 Mailing Address 42584 WHISTLE COURT
 City State Zip Code
 TEMECULA CA 92592-7105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575755431763
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. HERBERT DOMER
 Mailing Address 2715 IONE COURT
 City State Zip Code
 COLUMBUS OH 43235-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir IT DT Analytics
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575756031763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00
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 172 OF 222
	<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. JOSEPH MILES
Full Name (Last, First, Middle Initial)

Mailing Address 2800 N US 31
UNIT 1

City ALANSON State MI Zip Code 49706

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

Name of Employer United HealthCare Services Inc Occupation Mktg Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2575770931763

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. MATTHEW MONTOYA
Full Name (Last, First, Middle Initial)

Mailing Address 12370 BRADFORD DR

City PARKER State CO Zip Code 80134-3609

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2575777631763

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 16426 FARMERS MILL LANE

City CHESTERFIELD State MO Zip Code 63005-4549

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Pharm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.32

Date of Receipt
11 / 30 / 2013
Transaction ID : PR2575783831763

Amount of Each Receipt this Period 121.66

P/R Deduction (\$60.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 177.66

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 173 OF 222
(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. PRADEEP KANDI
 Full Name (Last, First, Middle Initial)
 Mailing Address 968 CONDOR DR
 City COPPELL State TX Zip Code 75019-5985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr IT Architecture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575797431763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DARREL A FARKUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 WHITE OAK DRIVE
 City ASBURY State NJ Zip Code 08802-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575797531763
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. LAURIE 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 ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575812131763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
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 174 OF 222
(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 MILLER

Mailing Address 26104 WEST 108 TERRACE

City State Zip Code
 OLATHE KS 66061-7522

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 ▼
 1923.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575819831763

Amount of Each Receipt this Period
 576.50

P/R Deduction (\$288.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WENDY M SMITH

Mailing Address 1512 BLUEBONNET LN

City State Zip Code
 AUSTIN TX 78704-2854

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575826731763

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. EDWARD SKOPAS

Mailing Address 43 JOEL DR

City State Zip Code
 HEBRON CT 06248-1245

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

Name of Employer Occupation
 United HealthCare Services Inc VP Info Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2575842731763

Amount of Each Receipt this Period
 78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **682.50**

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 175 OF 222
(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. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City State Zip Code
 MAPLE GROVE MN 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Accting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 369.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575865331763
 Amount of Each Receipt this Period
 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

B. GLENN LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 NORTH TUMBLEWEED TRAIL
 City State Zip Code
 AUSTIN TX 78733-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575882831763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. PAMELA LIPPITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 944 RILEY WILLS ROAD
 City State Zip Code
 LEBANON OH 45036-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2575884431763
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.78
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 176 OF 222
(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. PATRICK LANGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 MEADOW LANE
 City Benson State MN Zip Code 56215-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2328.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575885031763
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. MICHAEL MEDEIROS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 LANGMUIR DRIVE
 City MCKINNEY State TX Zip Code 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575930631763
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. SUSAN WEEDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5056 PENN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575940231763
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 177 OF 222
	(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. MARC SALINAS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 1630 ROCK RIDGE DRIVE		Transaction ID : PR2575967931763
City PROSPER	State TX	Zip Code 75078-9728
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) B. JUDITH PERLMAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 116 CANTERBURY LANE PO BOX 2108		Transaction ID : PR2575968931763
City VINEYARD HAVEN	State MA	Zip Code 02568-5659
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) C. MARK DICELLO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 5360 ANACALA CT		Transaction ID : PR2575977931763
City WESTERVILLE	State OH	Zip Code 43082-8352
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Contrctng	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 178 OF 222
	<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. MARK LEENAY

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 United HealthCare Services Inc	Occupation NA Med Dir/CMO
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2575982831763

Amount of Each Receipt this Period

87.00	78.00
-------	-------

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

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

Mailing Address 3429 CRESTMOOR ALCOVE

City WOODBURY	State MN	Zip Code 55125-5033
------------------	-------------	------------------------

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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2575986431763

Amount of Each Receipt this Period

28.00	28.00
-------	-------

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CAROL ANN CHURCHILL

Mailing Address 230 BATTALION WAY

City MOUNT JULIET	State TN	Zip Code 37122-6135
----------------------	-------------	------------------------

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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2575988331763

Amount of Each Receipt this Period

28.00	28.00
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P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 179 OF 222
	<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. PAMELA GOLD
Full Name (Last, First, Middle Initial)
Mailing Address 8370 DYNASTY WAY
City SALT LAKE CITY State UT Zip Code 84121-6089
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 ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2575988631763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

B. DOUGLAS RODGERS
Full Name (Last, First, Middle Initial)
Mailing Address 502 LAKESHORE COVE
City FORT OGLETHORPE State GA Zip Code 30742-4207
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 ▼ 243.32

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2576000631763
Amount of Each Receipt this Period 121.66
P/R Deduction (\$60.83 Bi-Weekly)

C. MARC 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 ▼ 960.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2576001631763
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	229.66
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 180 OF 222
	(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. JOHN SCOTT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013
Mailing Address 4574 VIA DON LUIS		Transaction ID : PR2576018631763
City NEWBURY PARK	State CA	Zip Code 91320-6905
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation VP Info Tech	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. KIMBERLY SONERHOLM		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013
Mailing Address 7210 HEGGIE AVE		Transaction ID : PR2576033231763
City LAS VEGAS	State NV	Zip Code 89131-3233
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer Health Plan of Nevada	Occupation KA VP Sls Acct Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. JAY WARMUTH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013
Mailing Address 16215 GRABEN COURT		Transaction ID : PR2576040031763
City EDEN PRAIRIE	State MN	Zip Code 55346-2331
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Bus Segment Gen Counsel	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 181 OF 222
	<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. RHONDA MEDOWS
Full Name (Last, First, Middle Initial)
Mailing Address 7707 WISCONSIN AVENUE
APT # 530
City BETHESDA State MD Zip Code 20814-6547
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 ▼ 1666.68

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2576040431763
Amount of Each Receipt this Period 833.34
P/R Deduction (\$416.67 Bi-Weekly)

B. LAURA STONE
Full Name (Last, First, Middle Initial)
Mailing Address 4644 VENETO DRIVE
City FRISCO State TX Zip Code 75033-7135
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contrctng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2576045131763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. MICHAEL GROENENDAAL
Full Name (Last, First, Middle Initial)
Mailing Address 1017 N EUCLID
City OAK PARK State IL Zip Code 60302-1321
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Exe Comp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2576046231763
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 889.34
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 182 OF 222
	(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. RESTOR JOHNSON

Mailing Address **2700 CRESCENT RIDGE ROAD**

City MINNETONKA	State MN	Zip Code 55305-2806
---------------------------	--------------------	-------------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Entrprs Real Estate Svs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2328.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2576051631763

Amount of Each Receipt this Period

194.00

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

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

Mailing Address **503 HARRINGTON ROAD**

City WAYZATA	State MN	Zip Code 55391-1512
------------------------	--------------------	-------------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Mkt Group CFO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4632.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2576060031763

Amount of Each Receipt this Period

386.00

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

Full Name (Last, First, Middle Initial)
C. APRIL GOLENOR

Mailing Address **1313 JACKSON STREET**

City MANDEVILLE	State LA	Zip Code 70448-4040
---------------------------	--------------------	-------------------------------

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 ▼ **273.78**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : PR2576063931763

Amount of Each Receipt this Period

91.26

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

SUBTOTAL of Receipts This Page (optional).....▶	671.26
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 183 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERT COOPER		Date of Receipt 11 / 30 / 2013 Transaction ID : PR2576095931763
Mailing Address 50 BITTERNUT ROAD		Amount of Each Receipt this Period 28.00
City MOUNT WOLF	State PA	Zip Code 17347-9694
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Mktg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DARRIN JOHNSON		Date of Receipt 11 / 30 / 2013 Transaction ID : PR2576103731763
Mailing Address 108 SUMMERBROOKE COURT		Amount of Each Receipt this Period 121.66
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 Dir Mktg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32	
		P/R Deduction (\$60.83 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. NATHAN KIEWEL		Date of Receipt 11 / 30 / 2013 Transaction ID : PR2576117531763
Mailing Address 1137 PRAIRIE VIEW DR SW		Amount of Each Receipt this Period 28.00
City HUTCHINSON	State MN	Zip Code 55350-6725
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Sr Entrprs Res Plng Cnslt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
		P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	177.66
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 184 OF 222
(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. CHRIS KENT

Mailing Address 13273 CARLINGFORD LANE

City State Zip Code
 ROSEMOUNT MN 55068-6308

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 ▼ **777.77**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2576119031763

Amount of Each Receipt this Period
222.22

P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. CHANDRA TORGERSON

Mailing Address 5433 10TH AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55417-2413

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

Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2576128631763

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. STEVEN NELSON

Mailing Address 2542 CROSBY ROAD

City State Zip Code
 WAYZATA MN 55391-2318

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 ▼ **1944.39**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013

Transaction ID : PR2576144831763

Amount of Each Receipt this Period
555.54

P/R Deduction (\$277.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **855.76**

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:	PAGE 185 OF 222
	(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. JOHN 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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2576147531763

Amount of Each Receipt this Period
78.00

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

B. DANIEL KENIRY
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207-1525

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4424.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2577379331763

Amount of Each Receipt this Period
575.22

P/R Deduction (\$287.61 Bi-Weekly)

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

Mailing Address 5 MANOR ROAD NORTH

City GREENLAWN State NY Zip Code 11740-2806

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 ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2578710731763

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1018.22**

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 186 OF 222
	<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. BRIAN J TIDMARSH
Full Name (Last, First, Middle Initial)

Mailing Address 14425 NORTH 15TH STREET

City PHOENIX State AZ Zip Code 85022-4454

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

Name of Employer United HealthCare Services Inc Occupation NA Exec Pharm Ben Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2578724231763

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

B. DEMETRIOS 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 Mkt Group Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2578740431763

Amount of Each Receipt this Period 1000.00

P/R Deduction (\$500.00 Bi-Weekly)

C. PHIL KRAUSE
Full Name (Last, First, Middle Initial)

Mailing Address 326 LAKEWOOD

City BLOOMFIELD HILLS State MI Zip Code 48304-3533

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2578742131763

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1048.00

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 187 OF 222
	<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. JEFFREY FOLKS
Full Name (Last, First, Middle Initial)

Mailing Address 2216 ESSEX STREET

City Baltimore State MD Zip Code 21231-3211

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 ▼ 283.92

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2578745731763

Amount of Each Receipt this Period 81.12

P/R Deduction (\$40.56 Bi-Weekly)

B. 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 ▼ 3888.85

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2578824331763

Amount of Each Receipt this Period 1111.10

P/R Deduction (\$555.55 Bi-Weekly)

C. RACHEL FARMER
Full Name (Last, First, Middle Initial)

Mailing Address 1929 ALBIZIA COURT

City Baton Rouge State LA Zip Code 70808-3973

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 ▼ 273.78

Date of Receipt 11 / 30 / 2013
Transaction ID : PR2595208331763

Amount of Each Receipt this Period 91.26

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

SUBTOTAL of Receipts This Page (optional).....▶	1283.48
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 188 OF 222
	<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. LAURA GROSCHE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 3872 KENNET CIRCLE		Transaction ID : PR2595230931763
City EAGAN	State MN	Zip Code 55123-3952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer United HealthCare Services Inc	Occupation VP IT	P/R Deduction (\$1250.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. SHERRI GIORGIO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 311 WHITWORTH WAY		Transaction ID : PR2600648931763
City NASHVILLE	State TN	Zip Code 37205-5017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 222.22
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$111.11 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.77	

Full Name (Last, First, Middle Initial) C. MARIANNE SHORT		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 2215 SUMMIT AVENUE		Transaction ID : PR2601133531763
City SAINT PAUL	State MN	Zip Code 55105-1002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 769.22
Name of Employer United HealthCare Services Inc	Occupation EVP Gen Counsel	P/R Deduction (\$384.61 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.71	

SUBTOTAL of Receipts This Page (optional).....▶	3491.44
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 189 OF 222
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHAEL CHRIST		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2601156931763
Mailing Address 23 BRIARWOOD ROAD		Amount of Each Receipt this Period 222.22
City WEST HARTFORD	State CT	Zip Code 06107-2902
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 ▼ 777.77	P/R Deduction (\$111.11 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KATHRYN HAYLEY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2601169031763
Mailing Address 7 BRIARWOOD LANE		Amount of Each Receipt this Period 121.66
City LINCOLNSHIRE	State IL	Zip Code 60069-2500
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Clin Advancement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32	P/R Deduction (\$60.83 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. STANLEY DENNIS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : PR2601169731763
Mailing Address 1490 BENT CREEK DRIVE		Amount of Each Receipt this Period 857.14
City SOUTHLAKE	State TX	Zip Code 76092-9499
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Optum Exec
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2142.85	P/R Deduction (\$428.57 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1201.02
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: PAGE 190 OF 222
(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. ROGER RODRIGUEZ
 Mailing Address 10501 SW 102 AVENUE
 City State Zip Code
 MIAMI FL 33176-3511
 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2601176831763
 Amount of Each Receipt this Period
 400.00
 P/R Deduction (\$200.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MIGUEL VENEREO
 Mailing Address 14700 SUNSET LANE
 City State Zip Code
 SOUTHWEST RANCHES FL 33330-3416
 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 ▼
 243.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2605692131763
 Amount of Each Receipt this Period
 121.66
 P/R Deduction (\$60.83 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SUSAN BUSCH NEHRING
 Mailing Address 2680 COUNTY ROAD NINETY
 City State Zip Code
 MAPLE PLAIN MN 55359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Comm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : PR2605698331763
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 771.66
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: (check only one)	PAGE 191 OF 222
	<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. KELLY DAVIS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 12013 TALIESIN PLACE UNIT 22		Transaction ID : PR2605734231763
City RESTON	State VA	Zip Code 20190-3338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.16
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Assc Dir	P/R Deduction (\$28.08 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88	

Full Name (Last, First, Middle Initial) B. TRACY MALONE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 900 S 22ND ST		Transaction ID : PR2605736931763
City ARLINGTON	State VA	Zip Code 22202-2625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.84
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	

Full Name (Last, First, Middle Initial) C. MICHELLE FERENSIC		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 404 KENTUCKY BRANCH LANE		Transaction ID : PR2605738231763
City JACKSONVILLE	State FL	Zip Code 32259-8863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.10
Name of Employer United HealthCare Services Inc	Occupation SVP Prov Service	P/R Deduction (\$55.55 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.85	

SUBTOTAL of Receipts This Page (optional).....▶	321.10
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: (check only one)	PAGE 192 OF 222
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM KIEFER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 2924 CREEK LANE		Transaction ID : PR2605755631763
City MINNETONKA	State MN	Zip Code 55305-2988
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer United HealthCare Services Inc	Occupation SVP Strat Dev	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) B. LISA WERNER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 1941 HAVENSWOOD PLACE		Transaction ID : PR2606842831763
City BLACKLICK	State OH	Zip Code 43004-8510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer United HealthCare Services Inc	Occupation Behvrl Med Dir	P/R Deduction (\$312.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

Full Name (Last, First, Middle Initial) C. MICHAEL WEISSEL		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013
Mailing Address 99 HAGEN ROAD		Transaction ID : PR2606842931763
City NEWTON	State MA	Zip Code 02459-2731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer United HealthCare Services Inc	Occupation Optum Exec	P/R Deduction (\$300.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1455.76
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:	PAGE 193 OF 222
	(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. JOHN MATECZUN
Full Name (Last, First, Middle Initial)

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code
DAVIDSONVILLE MD 21035-1348

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 ▼
1785.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2606845131763

Amount of Each Receipt this Period
714.28

P/R Deduction (\$357.14 Bi-Weekly)

B. THOMAS ZIESMANN
Full Name (Last, First, Middle Initial)

Mailing Address 2004 ESTES PARK ROAD

City State Zip Code
SOUTHLAKE TX 76092-3855

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 ▼
219.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2606854431763

Amount of Each Receipt this Period
146.00

P/R Deduction (\$73.00 Bi-Weekly)

C. JAN EYER
Full Name (Last, First, Middle Initial)

Mailing Address 21 AMARANTH DRIVE

City State Zip Code
LITTLETON CO 80127-2611

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 ▼
273.78

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : PR2606857531763

Amount of Each Receipt this Period
91.26

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

SUBTOTAL of Receipts This Page (optional).....▶	951.54
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 194 OF 222
	(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. CYNTHIA MARGRITZ		Date of Receipt
Mailing Address 16702 L STREET		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
OMAHA	NE	68135-1324
FEC ID number of contributing federal political committee.		Transaction ID : PR2607806131763
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="91.26"/>
Name of Employer	Occupation	P/R Deduction (\$45.63 Bi-Weekly)
United HealthCare Services Inc	Assc Dir Clin Qty	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="273.78"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SHAWN SCHWARTZ		Date of Receipt
Mailing Address 338 SNELLING AVE S		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAINT PAUL	MN	55105-2048
FEC ID number of contributing federal political committee.		Transaction ID : PR2608059331763
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="91.26"/>
Name of Employer	Occupation	P/R Deduction (\$45.63 Bi-Weekly)
United HealthCare Services Inc	Assc Dir Ntwk Prgms	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="273.78"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="182.52"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="89956.17"/>

**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. Connecticut Republican State Central Committee

Mailing Address 31 Pratt Street, 4th Floor

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Contribution

011

Candidate Name

Connecticut Republican State Central Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608597

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vargas for Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608598

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608599

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Rodney L. Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : 36613216

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 701 8th Street NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Freedom Fund

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
11 / 13 / 2013

Transaction ID : 36613217

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Mailing Address 4521 PGA Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Patrick Murphy

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : 36613218

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. Friends of Patrick Murphy

Mailing Address 4521 PGA Blvd. #412

City State Zip Code
Palm Beach Gardens FL 33418

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : 36613219

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Adam Smith for Congress

Mailing Address PO Box 578

City State Zip Code
Renton WA 98057

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. D. Adam Smith

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : 36613220

Amount of Each Disbursement this Period

2500.00

Contribution

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)..... ▶

5000.00

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

17500.00

**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. Biggs2014

Mailing Address 10612 S Greenfield Rd

City State Zip Code
Gilbert AZ 85234

Purpose of Disbursement
Andy Biggs, STATE SENATE 12th AZ

Candidate Name
AZ Sen. Andy Biggs

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583842

Amount of Each Disbursement this Period

440.00

Andy Biggs, STATE SENATE 12th AZ

Full Name (Last, First, Middle Initial)

B. Friends of Adam Driggs

Mailing Address 4231 E. Clarendon Avenue

City State Zip Code
Phoeniz AZ 85018

Purpose of Disbursement
Adam Driggs, STATE SENATE 28th AZ

Candidate Name
AZ Sen. Adam Driggs

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583843

Amount of Each Disbursement this Period

440.00

Adam Driggs, STATE SENATE 28th AZ

Full Name (Last, First, Middle Initial)

C. Anna Tovar for Senate

Mailing Address PO Box 696

City State Zip Code
Tolleson AZ 85353

Purpose of Disbursement
Anna Tovar, STATE SENATE 19th AZ

Candidate Name
AZ Sen. Anna Tovar

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583844

Amount of Each Disbursement this Period

440.00

Anna Tovar, STATE SENATE 19th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1320.00

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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. Elect Steve Pierce

Mailing Address 4340 E Indian School Rd, Ste 21-55

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
Steve Pierce, STATE SENATE 1st AZ

011
Category/
Type

Candidate Name

AZ Sen. Steve Pierce

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2013

Transaction ID : 36583845

Amount of Each Disbursement this Period

440.00

Steve Pierce, STATE SENATE 1st AZ

Full Name (Last, First, Middle Initial)

B. Shooter for Senate - Primary

Mailing Address 2901 S Palo Verde Lane, Unit 42

City Yuma State AZ Zip Code 85365

Purpose of Disbursement
Don Shooter, STATE SENATE 13th AZ

011
Category/
Type

Candidate Name

AZ Sen. Don Shooter

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2013

Transaction ID : 36583846

Amount of Each Disbursement this Period

440.00

Don Shooter, STATE SENATE 13th AZ

Full Name (Last, First, Middle Initial)

C. Bob Worsley for State Senate

Mailing Address PO Box 31086

City Mesa State AZ Zip Code 85275

Purpose of Disbursement
Bob Worsley, STATE SENATE 25th AZ

011
Category/
Type

Candidate Name

AZ Sen. Bob Worsley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2013

Transaction ID : 36583847

Amount of Each Disbursement this Period

440.00

Bob Worsley, STATE SENATE 25th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

1320.00

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. Robert Meza for State Senate 2014

Mailing Address 1833 W Lewis Avenue

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement
Robert Meza, STATE SENATE 30th AZ

011

Candidate Name

AZ Sen. Robert Meza

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	3

Transaction ID : 36583848

Amount of Each Disbursement this Period

4	4	0	0	0	0
---	---	---	---	---	---

Robert Meza, STATE SENATE 30th AZ

Full Name (Last, First, Middle Initial)

B. Committee to Elect Kelli Ward

Mailing Address 1990 McCulloch Blvd N, # D-228

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
Kelli Ward, STATE SENATE 5th AZ

011

Candidate Name

AZ Sen. Kelli Ward

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	3

Transaction ID : 36583849

Amount of Each Disbursement this Period

4	4	0	0	0	0
---	---	---	---	---	---

Kelli Ward, STATE SENATE 5th AZ

Full Name (Last, First, Middle Initial)

C. Hobbs 2014

Mailing Address PO Box 15642

City Phoenix State AZ Zip Code 85060

Purpose of Disbursement
Katie Hobbs, STATE SENATE 24th AZ

011

Candidate Name

AZ Sen. Katie Hobbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	3

Transaction ID : 36583850

Amount of Each Disbursement this Period

4	4	0	0	0	0
---	---	---	---	---	---

Katie Hobbs, STATE SENATE 24th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	3	2	0	0	0
---	---	---	---	---	---

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

1	3	2	0	0	0
---	---	---	---	---	---

**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. Vote Rick Gray

Mailing Address 9521 W. Cedar Hill Circle

City Sun City State AZ Zip Code 85351

Purpose of Disbursement
Rick Gray, STATE HOUSE 21st AZ

011

Candidate Name

AZ Rep. Rick Gray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583851

Amount of Each Disbursement this Period

440.00

Rick Gray, STATE HOUSE 21st AZ

Full Name (Last, First, Middle Initial)

B. Friends of Ruben Gallego

Mailing Address 101 N 7th St., Unit 103

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Ruben Gallego, STATE HOUSE 27th AZ

011

Candidate Name

AZ Rep. Ruben Gallego

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583853

Amount of Each Disbursement this Period

440.00

Ruben Gallego, STATE HOUSE 27th AZ

Full Name (Last, First, Middle Initial)

C. Elect J.D. Mesnard - Primary

Mailing Address 1427 W. Homestead Ct.

City Chandler State AZ Zip Code 85286

Purpose of Disbursement
Javan Mesnard, STATE HOUSE 17th AZ

011

Candidate Name

AZ Rep. Javan Mesnard

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583854

Amount of Each Disbursement this Period

440.00

Javan Mesnard, STATE HOUSE 17th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

1320.00

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

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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. VOTE Heather Carter

Mailing Address 28248 N Tatum Blvd. Ste B1-299

City State Zip Code
Cave Creek AZ 85331

Purpose of Disbursement
Heather Carter, STATE HOUSE 15th AZ

Candidate Name
AZ Rep. Heather Carter

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 15

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2013

Transaction ID : 36583855

Amount of Each Disbursement this Period

440.00

Heather Carter, STATE HOUSE 15th AZ

Full Name (Last, First, Middle Initial)

B. Lovas for Arizona - Primary

Mailing Address 7197 W Mariposa Grande Lane

City State Zip Code
Peoria AZ 85383

Purpose of Disbursement
Phil Lovas, STATE HOUSE 22nd AZ

Candidate Name
AZ Rep. Phil Lovas

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 22

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2013

Transaction ID : 36583856

Amount of Each Disbursement this Period

440.00

Phil Lovas, STATE HOUSE 22nd AZ

Full Name (Last, First, Middle Initial)

C. Kate Brophy McGee 2014 - Primary

Mailing Address 42 E. Butler Drive

City State Zip Code
Phoenix AZ 85020

Purpose of Disbursement
Kate McGee, STATE HOUSE 28th AZ

Candidate Name
AZ Rep. Kate Brophy McGee

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 28

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2013

Transaction ID : 36583857

Amount of Each Disbursement this Period

440.00

Kate McGee, STATE HOUSE 28th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1320.00

**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. Elect Eric Meyer - Primary

Mailing Address 7765 N Foothill Dr S

City Paradise Valley State AZ Zip Code 85253

Purpose of Disbursement
Eric Meyer, STATE HOUSE 28th AZ

011

Candidate Name

AZ Rep. Eric Meyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583858

Amount of Each Disbursement this Period

440.00

Eric Meyer, STATE HOUSE 28th AZ

Full Name (Last, First, Middle Initial)

B. Elect Justin Olson

Mailing Address 524 N 38th Street

City Mesa State AZ Zip Code 85205

Purpose of Disbursement
Justin Olson, STATE HOUSE 25th AZ

011

Candidate Name

AZ Rep. Justin Olson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583859

Amount of Each Disbursement this Period

440.00

Justin Olson, STATE HOUSE 25th AZ

Full Name (Last, First, Middle Initial)

C. Vote Forese

Mailing Address 2044 E Taurus Pl

City Chandler State AZ Zip Code 85249

Purpose of Disbursement
Tom Forese, STATE HOUSE 17th AZ

011

Candidate Name

AZ Rep. Tom Forese

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583860

Amount of Each Disbursement this Period

440.00

Tom Forese, STATE HOUSE 17th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

1320.00

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

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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. Committee to Elect Doug Coleman - Primary

Mailing Address 1474 S Royal Palm Rd

City State Zip Code
Apache Junction AZ 85119

Purpose of Disbursement
Douglas Coleman, STATE HOUSE 16th AZ

Candidate Name

AZ Rep. Douglas Kent Coleman

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	3		

Transaction ID : 36583861

Amount of Each Disbursement this Period

4	4	0	0	.	0	0
---	---	---	---	---	---	---

Douglas Coleman, STATE HOUSE 16th AZ

Full Name (Last, First, Middle Initial)

B. Doris Goodale 2014 - Primary

Mailing Address 4000 Redhill Dr

City State Zip Code
Kingman AZ 86409

Purpose of Disbursement
Doris Goodale, STATE HOUSE 5th AZ

Candidate Name

AZ Rep. Doris Goodale

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	3		

Transaction ID : 36583862

Amount of Each Disbursement this Period

4	4	0	0	.	0	0
---	---	---	---	---	---	---

Doris Goodale, STATE HOUSE 5th AZ

Full Name (Last, First, Middle Initial)

C. Shope for Arizona - Primary

Mailing Address 1206 N Reeves Rd

City State Zip Code
Coolidge AZ 85128

Purpose of Disbursement
Thomas Shope, STATE HOUSE 8th AZ

Candidate Name

AZ Rep. Thomas Shope Jr.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AZ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	3		

Transaction ID : 36583863

Amount of Each Disbursement this Period

4	4	0	0	.	0	0
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Thomas Shope, STATE HOUSE 8th AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	3	2	0	.	0	0
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1	3	2	0	.	0	0
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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. Ethan for House

Mailing Address 420 E Deone Ln

City Tucson State AZ Zip Code 85704

Purpose of Disbursement
Ethan Orr, STATE HOUSE 9th AZ

Candidate Name

AZ Rep. Ethan Orr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583864

Amount of Each Disbursement this Period

440.00

Ethan Orr, STATE HOUSE 9th AZ

Full Name (Last, First, Middle Initial)

B. Eddie Farnsworth 2014

Mailing Address 1126 E. Harrison St.

City Gilbert State AZ Zip Code 85295

Purpose of Disbursement
Eddie Farnsworth, STATE HOUSE 12th AZ

Candidate Name

AZ Rep. Eddie Farnsworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583865

Amount of Each Disbursement this Period

440.00

Eddie Farnsworth, STATE HOUSE 12th AZ

Full Name (Last, First, Middle Initial)

C. Re-Elect Debbie Lesko - Primary

Mailing Address PO Box 5292

City Peoria State AZ Zip Code 85385

Purpose of Disbursement
Debbie Lesko, STATE HOUSE 21st AZ

Candidate Name

AZ Rep. Debbie Lesko

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2013			

Transaction ID : 36583866

Amount of Each Disbursement this Period

440.00

Debbie Lesko, STATE HOUSE 21st AZ

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1320.00

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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. Vincent Gregory for Senate

Mailing Address 19578 San Jose Blvd.

City State Zip Code
Lathrup Village MI 48076

Purpose of Disbursement
Vincent Gregory, STATE SENATE 14th MI

Candidate Name

MI Sen. Vincent Gregory

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	3

Transaction ID : 36584176

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Vincent Gregory, STATE SENATE 14th MI

Full Name (Last, First, Middle Initial)

B. Cindy Burkett for State Representative

Mailing Address 226 Magic Lane

City State Zip Code
Sunnyvale TX 75182

Purpose of Disbursement
Cindy Burkett, STATE HOUSE 113th TX

Candidate Name

TX Rep. Cindy Burkett

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602205

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Cindy Burkett, STATE HOUSE 113th TX

Full Name (Last, First, Middle Initial)

C. Giovanni Capriglione Campaign

Mailing Address 1205 S. White Chapel Blvd.

City State Zip Code
Southlake TX 76092

Purpose of Disbursement
Giovanni Capriglione, STATE HOUSE 98th TX

Candidate Name

TX Rep. Giovanni Capriglione

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 98

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602206

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Giovanni Capriglione, STATE HOUSE 98th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0
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1	5	0	0	0	0
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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. Myra Crownover Campaign

Mailing Address PO Box 1784

City State Zip Code
Lake Dallas TX 75065

Purpose of Disbursement
Myra Crownover, STATE HOUSE 64th TX

Candidate Name
TX Rep. Myra Crownover

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 64

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602207

Amount of Each Disbursement this Period

1000.00

Myra Crownover, STATE HOUSE 64th TX

Full Name (Last, First, Middle Initial)

B. Fallon for Texas

Mailing Address 3876 Shady Creek Court

City State Zip Code
Frisco TX 75033

Purpose of Disbursement
Patrick Fallon, STATE HOUSE 106th TX

Candidate Name
TX Rep. Patrick Fallon

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 06

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602209

Amount of Each Disbursement this Period

500.00

Patrick Fallon, STATE HOUSE 106th TX

Full Name (Last, First, Middle Initial)

C. Charlie Geren Campaign

Mailing Address PO Box 1440

City State Zip Code
Fort Worth TX 76101

Purpose of Disbursement
Charles Geren, STATE HOUSE 99th TX

Candidate Name
TX Rep. Charles Geren

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 99

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602211

Amount of Each Disbursement this Period

1000.00

Charles Geren, STATE HOUSE 99th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

**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. Craig Goldman Campaign

Mailing Address PO Box 100039

City State Zip Code
Fort Worth TX 76185

Purpose of Disbursement
Craig Goldman, STATE HOUSE 97th TX

011

Candidate Name
TX Rep. Craig Goldman

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 97

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602212

Amount of Each Disbursement this Period

500.00

Craig Goldman, STATE HOUSE 97th TX

Full Name (Last, First, Middle Initial)

B. Texans for Kelly Hancock

Mailing Address 4908 Dory Court

City State Zip Code
North Richland Hills TX 76180

Purpose of Disbursement
Kelly Hancock, STATE SENATE 9th TX

011

Candidate Name
TX Sen. Kelly Hancock

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602214

Amount of Each Disbursement this Period

2500.00

Kelly Hancock, STATE SENATE 9th TX

Full Name (Last, First, Middle Initial)

C. Linda Harper-Brown Campaign

Mailing Address 100 Decker Court, Suite 160

City State Zip Code
Irving TX 75062

Purpose of Disbursement
Linda Harper-Brown, STATE HOUSE 105th TX

011

Candidate Name
TX Rep. Linda Harper-Brown

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2013

Transaction ID : 36602215

Amount of Each Disbursement this Period

1000.00

Linda Harper-Brown, STATE HOUSE 105th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Bennett Ratliff for State Representative

Mailing Address 556 Arbor Brook

City Coppel State TX Zip Code 75019

Purpose of Disbursement
William Ratliff, STATE HOUSE 115th TX

011

Candidate Name

TX Rep. William Bennett Ratliff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602216

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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William Ratliff, STATE HOUSE 115th TX

Full Name (Last, First, Middle Initial)

B. Scott Sanford for State Representative

Mailing Address 1507 Crown Point Rd.

City McKinney State TX Zip Code 75070

Purpose of Disbursement
William Sanford, STATE HOUSE 70th TX

011

Candidate Name

TX Rep. William Scott Sanford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 70

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602217

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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William Sanford, STATE HOUSE 70th TX

Full Name (Last, First, Middle Initial)

C. Kenneth Sheets for State Representative

Mailing Address 4607 Surf Drive

City Dallas State TX Zip Code 75214

Purpose of Disbursement
Kenneth Sheets, STATE HOUSE 107th TX

011

Candidate Name

TX Rep. Kenneth F. Sheets

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602219

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Kenneth Sheets, STATE HOUSE 107th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

2	0	0	0	0	0	0	0	0	0
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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. Chris Turner Campaign

Mailing Address PO Box 182093

City State Zip Code
Arlington TX 76096

Purpose of Disbursement
Christopher Turner, STATE HOUSE 101st TX

Candidate Name
TX Rep. Christopher Turner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602223

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Christopher Turner, STATE HOUSE 101st TX

Full Name (Last, First, Middle Initial)

B. Scott Turner Campaign

Mailing Address PO Box 771

City State Zip Code
Frisco TX 75034

Purpose of Disbursement
Scott Turner, STATE HOUSE 33rd TX

Candidate Name
TX Rep. Scott Turner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602224

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Scott Turner, STATE HOUSE 33rd TX

Full Name (Last, First, Middle Initial)

C. Naomi Gonzalez Campaign

Mailing Address 405 Buena Vista

City State Zip Code
El Paso TX 79905

Purpose of Disbursement
Naomi Gonzalez, STATE HOUSE 76th TX

Candidate Name
TX Rep. Naomi Gonzalez

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 76

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

Transaction ID : 36602225

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Naomi Gonzalez, STATE HOUSE 76th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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1	5	0	0	0	0	0	0	0	0
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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. Jodie Laubenberg Campaign

Mailing Address PO Box 1154

City Wylie State TX Zip Code 75098

Purpose of Disbursement
Jodie Laubenberg, STATE HOUSE 89th TX

Candidate Name
TX Rep. Jodie Laubenberg

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 89

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : 36602226

Amount of Each Disbursement this Period

1000.00

Jodie Laubenberg, STATE HOUSE 89th TX

Full Name (Last, First, Middle Initial)

B. Jeff Leach Campaign

Mailing Address 800 Glen Rose Drive

City Allen State TX Zip Code 75013

Purpose of Disbursement
Jeffrey Leach, STATE HOUSE 67th TX

Candidate Name
TX Rep. Jeffrey C. Leach

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 67

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : 36602227

Amount of Each Disbursement this Period

1000.00

Jeffrey Leach, STATE HOUSE 67th TX

Full Name (Last, First, Middle Initial)

C. Van Taylor Campaign

Mailing Address PO Box 261676

City Plano State TX Zip Code 75026

Purpose of Disbursement
Nicholas Taylor, STATE HOUSE 66th TX

Candidate Name
TX Rep. Nicholas Van Taylor

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 66

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : 36602228

Amount of Each Disbursement this Period

1000.00

Nicholas Taylor, STATE HOUSE 66th TX

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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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. Committee to Elect Pete Lund for State Representative

Mailing Address 6881 Muirfield Dr.

City Shelby Twp. State MI Zip Code 48316

Purpose of Disbursement
Peter Lund, STATE HOUSE 36th MI

011
Category/
Type

Candidate Name

MI Rep. Peter J. Lund

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 36

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36604318

Amount of Each Disbursement this Period

250.00

Peter Lund, STATE HOUSE 36th MI

Full Name (Last, First, Middle Initial)

B. Friends of Kate Segal

Mailing Address 108 Pinehurst Lane

City Battle Creek State MI Zip Code 49015

Purpose of Disbursement
Katherine Segal, STATE HOUSE 62nd MI

011
Category/
Type

Candidate Name

MI Rep. Katherine S. Segal

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 62

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36604320

Amount of Each Disbursement this Period

350.00

Katherine Segal, STATE HOUSE 62nd MI

Full Name (Last, First, Middle Initial)

C. Bolger Restore Michigan Fund

Mailing Address PO Box 638

City Marshall State MI Zip Code 49068

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36604321

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

1100.00

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. Committee to Elect Mike Shirkey

Mailing Address 11757 Sutfin Rd.

City State Zip Code
Clarklake MI 49234

Purpose of Disbursement
Michael Shirkey, STATE HOUSE 65th MI

Candidate Name
MI Rep. Michael J. Shirkey

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 65

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604322

Amount of Each Disbursement this Period

500.00

Michael Shirkey, STATE HOUSE 65th MI

Full Name (Last, First, Middle Initial)

B. Friends of Sean McCann

Mailing Address PO Box 50811

City State Zip Code
Kalamazoo MI 49005-0811

Purpose of Disbursement
Sean McCann, STATE HOUSE 60th MI

Candidate Name
MI Rep. Sean McCann

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 60

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604323

Amount of Each Disbursement this Period

350.00

Sean McCann, STATE HOUSE 60th MI

Full Name (Last, First, Middle Initial)

C. Joe Hune for State Senate

Mailing Address 4849 Hogback Rd.

City State Zip Code
Fowlerville MI 48836

Purpose of Disbursement
Joe Hune, STATE SENATE 22nd MI

Candidate Name
MI Sen. Joe Hune

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604324

Amount of Each Disbursement this Period

350.00

Joe Hune, STATE SENATE 22nd MI

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1200.00

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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. Committee to Elect Matt Lori State Representative

Mailing Address 14941 Roberts Shores Dr.

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: 2014 Primary General Other (specify) ▼
State: MI District: 59

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604325

Amount of Each Disbursement this Period

500.00

Matthew Lori, STATE HOUSE 59th MI

Full Name (Last, First, Middle Initial)

B. Committee to Elect Tim Greimel

Mailing Address PO Box 14105

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Tim Greimel, STATE HOUSE 29th MI

Candidate Name
MI Rep. Tim A. Greimel

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604326

Amount of Each Disbursement this Period

500.00

Tim Greimel, STATE HOUSE 29th MI

Full Name (Last, First, Middle Initial)

C. Committee to Elect Winnie Brinks

Mailing Address 2060 Osceola Dr. SE

City State Zip Code
Grand Rapids MI 49506

Purpose of Disbursement
Winnie Brinks, STATE HOUSE 76th MI

Candidate Name
MI Rep. Winnie T. Brinks

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 76

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36604327

Amount of Each Disbursement this Period

250.00

Winnie Brinks, STATE HOUSE 76th MI

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1250.00

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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)

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<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 Rob VerHeulen

Mailing Address 4167 Imperial Dr.

City Walker State MI Zip Code 49534

Purpose of Disbursement
Robert VerHeulen, STATE HOUSE 74th MI

Candidate Name
MI Rep. Robert J. VerHeulen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 74

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36604328

Amount of Each Disbursement this Period

250.00

Robert VerHeulen, STATE HOUSE 74th MI

Full Name (Last, First, Middle Initial)

B. Rebekah Warren Envision Michigan PAC

Mailing Address 234 8th Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36604329

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bruce Caswell for Senate

Mailing Address 8940 E Bacon Road

City Hillsdale State MI Zip Code 49242

Purpose of Disbursement
Bruce Caswell, STATE SENATE 16th MI

Candidate Name
MI Sen. Bruce E. Caswell

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36606607

Amount of Each Disbursement this Period

500.00

Bruce Caswell, STATE SENATE 16th MI

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1250.00

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

Use separate schedule(s)
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(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. Posthumus Lyons Leadership Fund

Mailing Address 7815 Alden Nash SE

City Alto State MI Zip Code 49302

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36606608

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Michigan Values Leadership Fund

Mailing Address 14840 Robinwood Dr.

City Lansing State MI Zip Code 48906

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36606987

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. John Moolenaar for State Senate

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
John Moolenaar, STATE SENATE 36th MI

Candidate Name

MI Sen. John R. Moolenaar

011
Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36606988

Amount of Each Disbursement this Period

John Moolenaar, STATE SENATE 36th 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)
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
MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36606989

Amount of Each Disbursement this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rick Jones for State Senate

Mailing Address PO Box 115

City State Zip Code
Grand Ledge MI 48837

Purpose of Disbursement
Rick Jones, STATE SENATE 24th MI

Candidate Name

MI Sen. Rick A. Jones

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36606990

Amount of Each Disbursement this Period
250.00

Rick Jones, STATE SENATE 24th MI

Full Name (Last, First, Middle Initial)

C. MAC PAC

Mailing Address 8209 Vista Royale Ln

City State Zip Code
Rockford MI 49341

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
MM / DD / YYYY
11 / 08 / 2013

Transaction ID : 36607004

Amount of Each Disbursement this Period
350.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1100.00

**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. Committee to Elect Tom Cochran to the 67th District

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2013

Mailing Address 418 Coppersmith Drive

Transaction ID : 36607005

City Mason State MI Zip Code 48854

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
William Cochran, STATE HOUSE 67th MI

011
Category/ Type

Candidate Name

MI Rep. William T. Cochran

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

William Cochran, STATE HOUSE 67th MI

State: MI District: 67

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gretchen Whitmer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2013

Mailing Address PO Box 11063

Transaction ID : 36607015

City Lansing State MI Zip Code 48901

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Gretchen Whitmer, STATE SENATE 23rd MI

011
Category/ Type

Candidate Name

MI Sen. Gretchen E. Whitmer

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

Gretchen Whitmer, STATE SENATE 23rd MI

State: MI District:

Full Name (Last, First, Middle Initial)

C. Mark C Jansen for State Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2013

Mailing Address PO Box 13034

Transaction ID : 36607016

City Lansing State MI Zip Code 48901

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Mark Jansen, STATE SENATE 28th MI

011
Category/ Type

Candidate Name

MI Sen. Mark C. Jansen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

Mark Jansen, STATE SENATE 28th MI

State: MI District:

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. Committee to Elect Virgil Smith State Senator

Mailing Address PO Box 21032

City Detroit State MI Zip Code 48221

Purpose of Disbursement
Virgil Smith, STATE SENATE 4th MI

011

Candidate Name

MI Sen. Virgil K. Smith Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : 36607017

Amount of Each Disbursement this Period

250.00

Virgil Smith, STATE SENATE 4th MI

Full Name (Last, First, Middle Initial)

B. Harwell PAC

Mailing Address 6213 Charlotte Pike, Suite 112

City Nashville State TN Zip Code 37209

Purpose of Disbursement
Contribution

011

Candidate Name

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
11			13			2013			

Transaction ID : 36613212

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Senate Republican Caucus

Mailing Address 611 Commerce St., Suite 2927

City Nashville State TN Zip Code 37203

Purpose of Disbursement
Contribution

011

Candidate Name

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
11			13			2013			

Transaction ID : 36613213

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

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

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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. House Republican Caucus

Mailing Address PO Box 198814

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36613214

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. House Democratic Caucus

Mailing Address PO Box 198082

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36613215

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Hickenlooper for Colorado

Mailing Address PO Box 1317

City Denver State CO Zip Code 80201

Purpose of Disbursement
John Hickenlooper, GOVERNOR CO

011
Category/
Type

Candidate Name

John Hickenlooper

Office Sought: House Senate President
State: District:

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36652166

Amount of Each Disbursement this Period

John Hickenlooper, GOVERNOR CO

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)

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<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. Hickenlooper for Colorado

Mailing Address PO Box 1317

City State Zip Code
Denver CO 80201

Purpose of Disbursement
John Hickenlooper, GOVERNOR CO

Candidate Name
John Hickenlooper

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 20 / 2013

Transaction ID : 36652168

Amount of Each Disbursement this Period
550.00

John Hickenlooper, GOVERNOR CO

Full Name (Last, First, Middle Initial)

B. Federation of Iowa Insurers PAC

Mailing Address PO Box 1756

City State Zip Code
Des Moines IA 50306-1756

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 20 / 2013

Transaction ID : 36652172

Amount of Each Disbursement this Period
2250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Governor Branstad Committee

Mailing Address 1601 22nd St., Suite 400

City State Zip Code
West Des Moines IA 50266

Purpose of Disbursement
Terry Branstad, GOVERNOR IA

Candidate Name
Gov. Terry E. Branstad

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 20 / 2013

Transaction ID : 36652173

Amount of Each Disbursement this Period
2000.00

Terry Branstad, GOVERNOR IA

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4800.00

**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. Hollo for House

Mailing Address PO Box 88

City State Zip Code
Taylorsville NC 28681

Purpose of Disbursement
Mark Hollo, STATE HOUSE 73rd NC

Candidate Name

NC Rep. Mark Hollo

Office Sought: House
 Senate
 President
State: NC District: 73

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : 36652174

Amount of Each Disbursement this Period

1000.00

Mark Hollo, STATE HOUSE 73rd NC

Full Name (Last, First, Middle Initial)

B. RAAMPAC

Mailing Address PO Box 158213

City State Zip Code
Nashville TN 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

Transaction ID : 36652175

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

46560.00
