

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] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 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 11 / 04 / 2014 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 Sherwood, Susan, , ,

Signature of Treasurer Sherwood, Susan, , , Date 10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186289.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="38240.84"/>	<input type="text" value="684066.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="224530.09"/>	<input type="text" value="1044575.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="113050.00"/>	<input type="text" value="933095.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111480.09"/>	<input type="text" value="111480.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**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).....	35436.65	559229.90
(ii) Unitemized .....	2804.19	119686.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38240.84	678916.37
(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) .....	38240.84	678916.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	150.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	38240.84	684066.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38240.84	684066.37

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80500.00	660500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	35.58
(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	35.58
29. Other Disbursements (Including Non-Federal Donations).....	32550.00	272560.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	113050.00	933095.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113050.00	933095.58

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38240.84	678916.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	35.58
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38240.84	678880.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. HOVERMAN, KEN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159790935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. STREB, DEBORAH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159794135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. KAZLAUSKAS, ANTHONY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159794635645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 235
	<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. SWAN, SHARON M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Strat Acct Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159803235645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. BELLOWS, BRIAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) E&I NA VP SIs Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159803835645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. NOBLITT, KEITH W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SCE 3 NAs Ind Contr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159805535645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 235
	<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. ELLISTON, JAMES S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159805935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. WATSON III, JAMES S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159806035645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. COOK, WAYNE F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159812835645**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 235
	<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. WICHMANN, DAVID S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Pres UHG Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159814735645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ERLANDSON, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159815935645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MEAD, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159816135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	394.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 235
	<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. SAURO, PATRICIA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Corporate Occupation (for Individual) SVP UnitedHlthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159816435645**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. MUNSELL, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159816635645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. PENSHORN, JOHN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159816935645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 235
	<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. KALLMEYER, PAUL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159817435645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. QUIRK, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159819135645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. FALK, DAVID J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159820235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 235
	<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. MIGLIORI, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Consumr Hlth Med Care  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159827435645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. BUENEMANN, BARBARA C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159828735645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. RIVET, JEANNINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159830035645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	303.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 235
	<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. STEVENSON, JOHN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.80

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1159839335645**  
 Amount of Each Receipt this Period 9.80  
 Memo Item  
 P/R Deduction (\$9.80 Bi-Weekly)

**B. WELTERS, ANTHONY, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1332013235645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BOHNENKAMP, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1551005635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	241.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 235
	<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. BRESOLIN, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Care Advo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1551005735645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. HOCK, CHRISTOPHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1551128935645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. MATTEO, MICHAEL C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1551133435645**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 235
	<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. ROGERS, ERIKA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Acct Mgr Clint Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1551160735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. ENDERLE, JOHN O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1554323535645**  
 Amount of Each Receipt this Period 55.00  
 Memo Item  
 P/R Deduction (\$55.00 Bi-Weekly)

**C. HARRIS, CHRISTINE MCCARTNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1554323635645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 235
	<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. SPILLANE, CATHERINE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1554324635645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ERICKSON, KAREN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1575957635645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MONFILETTO, ERNEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1575958135645**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 235
	<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. VALENTA, LEE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Pres Lif Scis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1575958535645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CAHILL, LAURA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Sols Sls Exec OptumI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1580863635645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. PAUL, THOMAS S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC Chief Cnsmr Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1580864735645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 235
	<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. WEBB, ROBERT THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1580865335645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HUGHES, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Human Capital Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596304135645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. JOHNSON, THAD C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596304335645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	392.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 235
	<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. MATUSHAK, JAY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596304635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. SCHUMACHER, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596305435645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THEISEN, SCOTT E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596305635645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 235
	<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, THOMAS D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1370.19

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596306935645**  
 Amount of Each Receipt this Period 225.97  
 Memo Item  
 P/R Deduction (\$225.97 Bi-Weekly)

**B. OBERRENDER, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2310.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596307035645**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
 P/R Deduction (\$110.00 Bi-Weekly)

**C. ANDERSON, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596309335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	349.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 235
	<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. FLYNN, DIANE BEDNAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596309735645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DOOLEY, JEFFREY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596312135645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. DUNLOP, RICHARD G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596312335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.54  
**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: (check only one)	PAGE 22 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. GARCIA, STEVAN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.46

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596312935645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. HEUMANN, KURT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596313735645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. MALLATT, KATHLEEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596315435645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 235
	<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. RENNICK JR, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596316835645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ROSENTHAL, DANIEL I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596317335645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. RUTH, KEVIN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596317435645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 235
	<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. STURKEY, DAVID C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596318435645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. THOMAS, ROXANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prod  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596318935645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. TODD, JEFFREY ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596319035645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 235
	<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. TURNAU, CHRIS B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596319135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. VIERLING, FRANK M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596319435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. WASSERSTEIN, M LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS NA VP Clnt Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596319535645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 235
	<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. WERLEY, MYRON R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596319635645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. WILSON, WILLIAM R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1596320035645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. DODDY, JOHN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1600597335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 69.00  
**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 27 OF 235
	<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. MICHAUX, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM PCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1600598535645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. SANDY, LEWIS G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1600598735645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. PETERSON, MATTHEW W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CAO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1602669935645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 235
	<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. MALONEY, JEFFREY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1613243535645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KENNEDY, WILLIAM F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1653443135645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. KOOREN, STEVE R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1653443235645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. BELLAMY, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1653444335645**  
 Amount of Each Receipt this Period 57.70  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. HOLMAN, ROBERT L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1653445035645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SULLIVAN, DANIEL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1653445835645**  
 Amount of Each Receipt this Period 75.15  
 Memo Item  
 P/R Deduction (\$75.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.85
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 235
	<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. CORBIN, ELIZABETH DARCI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1669432235645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. DESTWOLINSKI, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Preservice Review  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1806441635645**  
 Amount of Each Receipt this Period 11.00  
 Memo Item  
 P/R Deduction (\$11.00 Bi-Weekly)

**C. TALAMANTES, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Six Sigma Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1806444735645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 151.00  
**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 235
	<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. ARCHER, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1806750135645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**B. EMERSON, PAUL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1806750335645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ANDERSON, CATHERINE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903550735645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 147.00  
**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 32 OF 235
	(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. BISHOP-HEROUX, KATHLEEN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903560835645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. DUFEK, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903577135645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. EDBERG, SUSAN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903578135645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 235
	<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. JOHNSON, CHRISTOPHER T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903591135645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PENN, STEVEN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903612935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SANTELLI, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903622035645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 235
	<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. STEERUP, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903628635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WEYMOUTH, PAUL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1903636935645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. JAMIAN, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR1910417435645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 44.77  
**TOTAL** This Period (last page this line 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 235
	<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. ALLEN, BRADLEY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119466835645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. BEATY, JON D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119467835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. BENNETT, RUSSELL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119468035645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 50.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 235
	<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. BRYAN, KATHIE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Mktg Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119469435645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. CADRIEL, DANIEL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS MGR CLNT MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119469835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CAMPBELL, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119469935645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 235
	<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. CROSS, RICHARD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119471835645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. DAVIS, KENNETH R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119472535645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. DAYAN, LINDA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119472635645**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 235
	<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. DEMBROSKI, TODD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119472835645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. DUNGAN, TARA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir, Clin Appeals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119473235645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. GILDERNICK, AMY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119475235645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00  
**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 235
	<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. HANSEN, DAVID M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2835.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119476735645**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**B. HARVEY, ANNE P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119477235645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. HAYES, PAULINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119477435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 155.00  
**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 40 OF 235
	<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. HO, SAMUEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3229.80

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119477935645**  
 Amount of Each Receipt this Period 153.80  
 Memo Item  
 P/R Deduction (\$153.80 Bi-Weekly)

**B. HUSER, DONNA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Clms Bus Proc Anlyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119478635645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. JEFFREY, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119479135645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	188.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 235
	<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. JONES, JOHN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119479235645**  
 Amount of Each Receipt this Period 96.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. KNUTSON, MARK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119480235645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. LUEDKE, SANDY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) IT Database Cnslt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119482235645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 235
<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. MACE-MEADOR, HEATHER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119482535645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MASON, JEFFREY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119483035645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MURRAY, CAROLYN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119484835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 235
	<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. NEURURER, SCOTT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.39

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119484935645**  
 Amount of Each Receipt this Period 23.13  
 Memo Item  
 P/R Deduction (\$23.13 Bi-Weekly)

**B. NYGARD, KEITH E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Compli Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119485035645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. OLLMANN-WAGNER, TRACY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mgr Sls Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119485235645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 235
	<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. OLSON, WILLIAM H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119485335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. PAXSON, LYNDA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Field Acct Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119485835645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. PETE, DIANA S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Utilization Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119486335645**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 47.00  
**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 235
	<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. PETERS, MICHELLE LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119486435645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. PITTMAN, AUSTIN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2835.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119486735645**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**C. POLICH, CYNTHIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119486835645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 235
	<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. PROCHNOW, JAMES E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119487235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. ROGERS, DEBBIE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119488635645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SCACCIA, CAROL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Dvlp Ana  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119489335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 235
	<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. SING, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119490135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. STETTLER, RONALD R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119490435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. STYERS, MARILYNN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2119490735645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 235
	<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. TANIGAWA, CHERYL, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Entrprs Hlth Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119491135645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. THOMSON, CHERYL A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119491635645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. TUCKER, STEVEN M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119492035645**  
 Amount of Each Receipt this Period 96.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.15
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 235
	<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. VANASTEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Site Dir Medicr Ins Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119492635645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. WESTPHAL, SCOTT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119493235645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. DAUGHERTY, LINDA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119493535645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 235
	<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. WRIGHT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119494135645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. YOUNG, GEORGE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119494435645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. YOUNG, STEVEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealth Group, Inc. Occupation (for Individual) SB Acct Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2119494535645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**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 235
	<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. MASON, JOHN TYLER, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2126373835645**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

**B. BURKE, FORREST G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres PS Labor Trust  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133132435645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. COLEMAN, WILLIAM R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133132535645**  
 Amount of Each Receipt this Period 12.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	612.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 235
	<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. CUMMINGS, DANIEL M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133132635645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. HULTGREN, BROR O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1838.91

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133133235645**  
 Amount of Each Receipt this Period 132.21  
 Memo Item  
 P/R Deduction (\$132.21 Bi-Weekly)

**C. MILLER, ALLEN D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133133635645**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 235
	<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. MORISATO, SUSAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133133835645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. NETTLETON, KIMBERLY ALLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prod  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133133935645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Fin PIng Anlys  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133134235645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 235
	<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. SCHIMMELBUSCH, DIANE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133134635645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. SHIELS, ANITA W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2133134735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. COLE, DANIEL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC SIs RVP KA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145728335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 235
	<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. FALKENBERG, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145728435645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MICKLE, WILLIAM Y, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145729135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MILLER, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145729235645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 235
<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. RUMMEL, LEAH C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145729535645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. SMITH, DANNETTE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145729935645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. SMITH, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145730035645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	219.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 235
	<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. SPARKS, MARGARET W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2145730235645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. BENSON, MARYNELL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2162866935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SPIVACK, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2162867635645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 235
	<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, KURT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2203967535645**  
 Amount of Each Receipt this Period 11.54  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**B. GIBSON, CHRISTINE W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225166735645**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. BEAULE, JEAN-FRANCOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225813635645**  
 Amount of Each Receipt this Period 57.70  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 235
	<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. CARRUTH, NANCY SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225818435645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 557.14

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225818835645**  
 Amount of Each Receipt this Period 88.57  
 Memo Item  
 P/R Deduction (\$88.57 Bi-Weekly)

**C. RANGEN, ERIC S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225819335645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 235
	<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. RYAN, JOHN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225819635645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SAILOR, ROY THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2225819735645**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. CORNE, MICHAEL LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2231346935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 235
	<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. DIPALMO, KAREN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2231347235645**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. RICHEY, DARRELL S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2231352335645**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**C. CONNLY, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247625835645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 235
	<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. CARCIONE JR, JOSEPH R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247626835645**  
 Amount of Each Receipt this Period 57.70  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. KANTOLA, KEVIN DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247627035645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. O'BRIEN, DENNIS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247627335645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 235
	<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. VERNEY, JEFFERY RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247627435645**  
 Amount of Each Receipt this Period 57.70  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. GARODIA, SANJAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247627835645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. OHMAN, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2247628035645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 235
	<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. CRUMBAUGH, JEFFREY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M R Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2259635235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. PRINCE, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2259738435645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. CRONN, CHRISTOPHER L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2270522935645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	149.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 235
	<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. CURRY, CAROLE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402315735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. FRASCINO, MJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402316535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. JACOBS, DONALD D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402317335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 235
	<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. KEPLEY CARRIER, ANGELA DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402317735645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LEVI-BAUMGARTEN, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402317935645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. LOGAN, JAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1914.40

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402318235645**  
 Amount of Each Receipt this Period 117.10  
 Memo Item  
 P/R Deduction (\$117.10 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 235
	<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. MCCAULEY, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402318435645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MCGRATH, STACY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402318535645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MOCKLER, RICHARD W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dvlp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402318735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 235
	<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. MORRISON DAVIS, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402318935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. ZEPP JR, LYNN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402320935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CRANLEY, SHELLEY WIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UnitedHealthcare Legal Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402444435645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 235
	<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. ANLIKER, JAY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO TPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402445035645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. BECKER, JAMES H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Claim & Provider Services Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3230.85

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402445135645**  
 Amount of Each Receipt this Period 153.85  
 Memo Item  
 P/R Deduction (\$153.85 Bi-Weekly)

**C. COLEMAN, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Empl Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402445235645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	273.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 235
	<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. LARSEN, JOHN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402445635645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. HIGA, JOY O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2402446235645**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. ALEXANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2405428835645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 235
	<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. WALSH, PETER H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2405431135645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. SAELENS, KAREN ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2408544835645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. WEE, KATHLYN G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP State Sls Optuml  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2408545035645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 235
	<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. KOZIARA BOUDREAU, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gr Pres UHC  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437119535645**  
 Amount of Each Receipt this Period 192.31  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. CORZINE, JEFFREY SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437119735645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. FUENTEVILLA, ANA T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437119835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.31
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 235
	<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. HAGAN, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437120035645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JOHNSON-MILLS, RITA FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437120135645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. THOMAS, DAVID WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437120435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 235
	<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. WEISS, JACK S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437120535645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. BALTHAZOR, PAUL JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437120735645**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. NESS, LAURA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437121535645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 235
	<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. COSGRIFF, JOHN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4004.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437121635645**  
 Amount of Each Receipt this Period 199.20  
 Memo Item  
 P/R Deduction (\$199.20 Bi-Weekly)

**B. RAINEY, PETER W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2415.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2437127535645**  
 Amount of Each Receipt this Period 115.00  
 Memo Item  
 P/R Deduction (\$115.00 Bi-Weekly)

**C. LIPPERT, ROBIN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2439928035645**  
 Amount of Each Receipt this Period 192.31  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	506.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 235
<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. HEYMAN, STEPHEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2444265735645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. LANGER, DONALD S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Plan Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445015435645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. LIND, NANCY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445016235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 235
	<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. ADLINGTON SHKABERIN, AMY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445016435645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. HIRSH, LILLI ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445016735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. ALCOREZA, LENYS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Mktg C S  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445016835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 235
	<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. DUHAIME, MARK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445016935645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SIEGEL, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.23

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2445017135645**  
 Amount of Each Receipt this Period 45.63  
 Memo Item  
 P/R Deduction (\$45.63 Bi-Weekly)

**C. LIVERANI, EILEEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 581.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2460167235645**  
 Amount of Each Receipt this Period 27.70  
 Memo Item  
 P/R Deduction (\$27.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 235
	<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. KRAJNOVICH, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2460167335645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. THIELEN, JUNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.80

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2460167535645**  
 Amount of Each Receipt this Period 13.80  
 Memo Item  
 P/R Deduction (\$13.80 Bi-Weekly)

**C. RENFRO, LARRY C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP UHG CEO Optum  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2460168135645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 235
	<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. ORBUCH, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2460168235645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WEXLER, ERIC J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2463723135645**  
 Amount of Each Receipt this Period 32.00  
 Memo Item  
 P/R Deduction (\$32.00 Bi-Weekly)

**C. SCHICK, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3885.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2480620535645**  
 Amount of Each Receipt this Period 195.00  
 Memo Item  
 P/R Deduction (\$195.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	323.15
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 235
	<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. ABBOTT, CHRISTOPHER MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2484541535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. HECKMAN, LILLIAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2484542135645**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. PHILLIPS, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2484542635645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 235
	<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. TROPEANO, DANIEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2484542835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. KUBICKI, JERI G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2486697835645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MANDERFELD, THOMAS B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2486697935645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 235
	<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. SCHEIBER, LEANNE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2486698135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. MCMAHON, DIRK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2491457035645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. NATHAN, DONALD H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3529.32

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2491457335645**  
 Amount of Each Receipt this Period 294.11  
 Memo Item  
 P/R Deduction (\$294.11 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 235
	<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. SULLIVAN, KATHRYN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR249145735645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. HARTLEY, MICHAEL SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2538641335645**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 P/R Deduction (\$2500.00 Bi-Weekly)

**C. TOOMB, MARTIN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2538641535645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2612.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 235
	<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. SMITH, KARA V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2540175335645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. EDWARDS, HYLLIUS R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2541300435645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. PURDY, PATRICIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2009.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2541300635645**  
 Amount of Each Receipt this Period 98.15  
 Memo Item  
 P/R Deduction (\$98.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 235
	<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. TIERNEY, JOELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 782.80

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2541300735645**  
 Amount of Each Receipt this Period 38.44  
 Memo Item  
 P/R Deduction (\$38.44 Bi-Weekly)

**B. VERSAGGI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2019.36

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2541300835645**  
 Amount of Each Receipt this Period 96.16  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

**C. HOSTETLER, BRENDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2542541935645**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 235
	<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. RAMSAY, RICHARD E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR254254235645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. SPENCER, IPYANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2542542335645**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2543582535645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 235
	<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. COMBS, CHANTA G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552313535645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PACE, JEANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552313735645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. ALTER, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3605.79

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552960235645**  
 Amount of Each Receipt this Period 278.83  
 Memo Item  
 P/R Deduction (\$278.83 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	356.29
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 235
	<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. BLOCHER, THOMAS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552960735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. BROOKS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552961035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. BRUNELL, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552961235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 235
	<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. BRYANT, JEREMY VAUGHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552961335645**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. COLEMAN, MICHAEL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552961435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. EHLMAN, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Apps Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 235
	<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. FLANNERY, SCOTT F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. GWINN JR, WILLIAM W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Rsch Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962635645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. HANNAN, CLAIRE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962735645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 235
	<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. HERMEL, OREN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. JAMES, GREGORY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1867.92

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552962335645**  
 Amount of Each Receipt this Period 126.41  
 Memo Item  
 P/R Deduction (\$126.41 Bi-Weekly)

**C. JOHNSON, BRADLEY C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552963435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.41  
**TOTAL** This Period (last page this line 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 235
<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. KIDAMBI, NARASIMHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552963835645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LANTER, KENNETH G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir SIs Producing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964035645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. LOVELADY, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964235645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 235
	<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. MACLEOD, JULIE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. MARTO, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MATTSON, CARL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 235
	<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. MCCABE, REBECCA BALLARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552964935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. MORRIS, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 296.82

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552965035645**  
 Amount of Each Receipt this Period 20.62  
 Memo Item  
 P/R Deduction (\$20.62 Bi-Weekly)

**C. PAULUS, LESLIE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552965235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 235
<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. PEKA, GARY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Six Sigma Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552965335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. POTTER JR, DONALD W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552965435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SAMSEL, KRISTINE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552965735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 235
	<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. STREIT, BARRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Medicr Field Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552966735645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. TINKER, ANN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552966835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. VANDERHEYDEN, THOMAS C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prod  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552966935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. WACKER, AARON C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Apps Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552967035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WOODINGTON, GRETTA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Pharmc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2552967235645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. NAASZ, SCOTT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553474735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 235
	<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. RAYBURN, MONICA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553475135645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. SULLIVAN, ANDREW J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Adv/Tech Cnslt Sr Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553475335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. THOMAS, RICHARD D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553475435645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 100 OF 235
	<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. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553475535645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. ZERAF, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2553475535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. COHAN, COLLEEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554012735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 235
	<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. ESPINOSA, SHELLY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554012935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. FLAGSTAD, KARSTEN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554013035645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. MEYER, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554013135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	128.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 235
	<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. MOORE, THOMAS W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sls Dir Care Mgmt & Del  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554013235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. REIDY, GREGORY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554013335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. FERREIRA, ALICE C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2554208135645**  
 Amount of Each Receipt this Period 66.67  
 Memo Item  
 P/R Deduction (\$66.67 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	94.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 235
	<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. AHMAD, ASIR U, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. ALEXANDER, JOY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Assc Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. BENNETT, JIM L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 235
	(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. CLUTE, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064435645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. COY, THOMAS K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064535645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. GAZELEY, PAULA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regn Pharm Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 235
	<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. GIANCURSIO, DONALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560064935645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. JONES, JERI L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1809.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560065135645**  
 Amount of Each Receipt this Period 138.07  
 Memo Item  
 P/R Deduction (\$138.07 Bi-Weekly)

**C. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560065435645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	428.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 235
	<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. LUCHT, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Act Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560065635645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. MARONEY, KEVIN MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560065735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MELNYK, DONALD G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr IT Architecture Cnslt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560065935645**  
 Amount of Each Receipt this Period 21.47  
 Memo Item  
 P/R Deduction (\$21.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 235
	<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. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560066035645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. O'BRYANT, WILLIAM B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560066135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. PERRIER, RICHARD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560066235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 67.00  
**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 108 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. ROWE, DONALD G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir of AM producing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560066535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. VAIL, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560066835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. COLLINS, DEBRA C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398035645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 235		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. DICKMAN, KRISTA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. KOREAN, GEORGE N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MURRAY, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Risk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 235
	<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. NOEL, TIMOTHY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1981.98

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398835645**  
 Amount of Each Receipt this Period 103.61  
 Memo Item  
 P/R Deduction (\$103.61 Bi-Weekly)

**B. WULF, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560398935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560821135645**  
 Amount of Each Receipt this Period 138.46  
 Memo Item  
 P/R Deduction (\$138.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	256.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 235
	<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. O'BRIEN, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560821435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. PERO, MARIE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prod  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560821535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. STEPHENS, JOY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2560821635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 235
	<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. LUND, BRIAN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2561457635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. VOLLBERG, KEITH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2563207735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. CAVANAUGH, LARRY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2563211035645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 235
	<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. BARTON, JACQULYN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2563211235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. HUSS, DIANE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564296735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. WALSH, JENNIFER F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564296835645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 235
	<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. MACKENZIE, ANDREW C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564297135645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. SWANSON, STEPHEN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564297335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BALTHASER, HARVEY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564297535645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 235
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WALLI, STEVEN C, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2564297635645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 14.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Hlth Plan CEO	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 ▼ 294.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. DAMATO, ELLEN L, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2564802235645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 14.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) 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 ▼ 294.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WILLSON, JOSH A, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2564802535645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 14.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SB VP SIs 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 ▼ 294.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 235
	<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. CARLSON, CHRISTOPHER CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564802635645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. HANSEN, PAUL DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Controller Mkt Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564802735645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. GOODWIN, MARYELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564802935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. KENNY, KATHERINE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP of Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803235645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MARDEN, PAUL O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MOQUIST, DARREN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 92.00  
**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 118 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. BELLMAN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WRIGHT, LISA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803735645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. O'HARE, TAMMY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2564803935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 235
	<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. BERNES, DEBRA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Complnc/Ethics Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2037.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2564804035645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. HOFER, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2564804135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. RUBIN, KATHRYN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Social Resp/Pres Found  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2157.00

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : PR2564804335645**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$117.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 235
	<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. WICKS, TIMOTHY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2469.20

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2565448635645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CRAIG, DONNA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2565448835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. KUNST, THOMAS C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2566302135645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 235
	<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. MANSUKHANI, NEIL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir PEO SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2567129435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. ZAMORE, DENISE V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2567129535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. ARNONE, WENDY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2568900535645**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$130.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 235
<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. STEARNS, MATTHEW H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2571777935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PARRILLO, CHRISTOPHER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 753.29

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2571778235645**  
 Amount of Each Receipt this Period 49.33  
 Memo Item  
 P/R Deduction (\$49.33 Bi-Weekly)

**C. MOYER, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2571778335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	127.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. ROBINSON, MARCUS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572588935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. JACQUET, SHAUN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572589335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. DEAN, JEFFREY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572589435645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 235
	<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. SMITH, THOMAS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572589535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. GRAY, JOSEPH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572589835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. CARLSON, KEVIN JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572590035645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 235
	<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. WACKER, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Strat Clint Rel Ex Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572590135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. OBRIEN, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA Dir Sls AM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572590635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. HARGIS, JAMES R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Pharm Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572590735645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 235
	<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. CHEEK, THOMAS RAMSEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572590935645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. CLARKE, THERESA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572591135645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MILLER, KIMBERLEY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572591235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 235
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. SUN, WEI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572591335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. WIFFLER, THOMAS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2572992735645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. QUINN, PATRICK G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2573518735645**  
 Amount of Each Receipt this Period 9.62  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 235
	<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. HARE, LESLIE C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2574979435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CIANFROCCO, HEATHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1805.44

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2574986235645**  
 Amount of Each Receipt this Period 138.88  
 Memo Item  
 P/R Deduction (\$138.88 Bi-Weekly)

**C. BURNETT, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2574988235645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	191.88
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 235
	<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. AGEE, SHELONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2574997635645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. VAN HOLMES, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Human Capital Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575030935645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. O'BRIEN, JENNIFER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3584.06

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575034535645**  
 Amount of Each Receipt this Period 290.86  
 Memo Item  
 P/R Deduction (\$290.86 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	397.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 235
	<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. MADDOX, JEFFREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575039535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. DONNAY, JULENE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Sourcing Prcrmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575046235645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. MARGOLIES, HOWARD C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575050335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 235
	<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. LINDSAY, VIVIAN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1785.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575054935645**  
 Amount of Each Receipt this Period 178.57  
 Memo Item  
 P/R Deduction (\$178.57 Bi-Weekly)

**B. MCCARTY, CARY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575059435645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. ALLEN, MARK T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575060235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. NICHOLS, SANDRA B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575074535645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. BURNAM, DEBRA K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575076235645**  
 Amount of Each Receipt this Period 15.27  
 Memo Item  
 P/R Deduction (\$15.27 Bi-Weekly)

**C. UPCHURCH, KAREN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575084435645**  
 Amount of Each Receipt this Period 142.86  
 Memo Item  
 P/R Deduction (\$142.86 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 235
	<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. VALLARIO, VINCENT PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 915.17

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575096635645**  
 Amount of Each Receipt this Period 316.96  
 Memo Item  
 P/R Deduction (\$316.96 Bi-Weekly)

**B. GOLEMI, GLEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575098835645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JACOBY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575099235645**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	371.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 235
	<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. CHAMPION, PHEBE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575108335645**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. LYDON, SCOTT THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575122235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. HUNT, ZOE C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575136235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 135 OF 235
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MCGANN, JEAN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2575146935645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 14.04
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SB KA Dir Acct Mgmt	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BEECHER, KELLY L, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2575161135645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 14.04
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Assc Dir Acctng	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. JONES, RON, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9900 Bren Road East			<b>Transaction ID : PR2575163535645</b>
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Pres Prov Sols	P/R Deduction (\$125.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 235
	<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. CASSANO, SCOTT G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575164435645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. COSTIN, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Sr Sls Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575180735645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. WIELAND, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575181635645**  
 Amount of Each Receipt this Period 18.25  
 Memo Item  
 P/R Deduction (\$18.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.48
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 235
	<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. MOORE, KRISTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575194435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. STAMM, MICHAEL PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575194635645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. MARTIN, PETER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575213635645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 69.00  
**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 235
	<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. SEKEL, ANDREW C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Spclty Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575223735645**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. GILPIN JR, HOWARD CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Act Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575224935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. REILLY, DONALD R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575225335645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 235
	<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. CADMUS, KATHLEEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575230435645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. KIRKPATRICK, SUSAN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575233635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. RUSSELL, THOMAS G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Empl Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575238635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 38.00  
**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 235
	<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. SHUEY, JOANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575241635645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. CHOATE, THOMAS C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575247835645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DIMARTINO, TIMOTHY H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575248135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 235
	<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. BROOMFIELD, ROBERT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC SIs RVP KA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 361.14

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575260435645**  
 Amount of Each Receipt this Period 27.78  
 Memo Item  
 P/R Deduction (\$27.78 Bi-Weekly)

**B. JONES, TERRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575279235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MARCARIO, SAMANTHA ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575287835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.78  
**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 142 OF 235
	<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. ESSLINGER, JOHN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575288935645**  
 Amount of Each Receipt this Period 30.42  
 Memo Item  
 P/R Deduction (\$30.42 Bi-Weekly)

**B. DICKSON, SCOTT F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575293235645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BEAUREGARD, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres United Essentials  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3975.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575295135645**  
 Amount of Each Receipt this Period 204.85  
 Memo Item  
 P/R Deduction (\$204.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	273.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 143 OF 235
	(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MONAGHAN, JOHN, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Ntwk Prgms
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

**Transaction ID : PR2575296835645**

Amount of Each Receipt this Period  
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. MALAT, MOLLY MCMILLEN, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Assc Dir Comm
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

**Transaction ID : PR2575299535645**

Amount of Each Receipt this Period  
34.18

Memo Item

P/R Deduction (\$34.18 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. GROCHOWSKI, CLARE B, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Assc Dir Comm
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

**Transaction ID : PR2575300135645**

Amount of Each Receipt this Period  
14.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 235
	<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. MCELRATH-JONES, MARY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575302135645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. TINNERMON, BRADLEY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575311035645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. GRIMM, JAN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP OptumI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575314835645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.12
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 235
	<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. GOLDBERG, JEFFREY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Strat Clint Rel Ex Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575326935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. SIMONE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575346735645**  
 Amount of Each Receipt this Period 26.07  
 Memo Item  
 P/R Deduction (\$26.07 Bi-Weekly)

**C. IMDIEKE, PATRICK R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 267.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575347935645**  
 Amount of Each Receipt this Period 19.55  
 Memo Item  
 P/R Deduction (\$19.55 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 235
	<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. TELESKY, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575350935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. BROWN, SALLY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Service Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575363635645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. WILSON, JOHN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575372435645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 235
	<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. MORGAN, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575374835645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. DOLL, KATHLEEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Sls Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575385135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. WINKLER, YASMINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Prod Mktg Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575390935645**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	149.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 235
	<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. CORTEZ, GREGORIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575394335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. POST, LINDA LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575395235645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. WALKER, CHAD M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575414935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 235
	<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. GOTTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575419135645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. LOSE, JERI L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575419835645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. O'HARA, KARIN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575428735645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 235
	<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. AXBERG, PAMELA JEAN STEGORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575443835645**  
 Amount of Each Receipt this Period 3.85  
 Memo Item  
 P/R Deduction (\$3.85 Bi-Weekly)

**B. WALTERS, JEFFERSON B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575445835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SPILKER, TIMOTHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Plan Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575446335645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 235
	<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. HAUTMAN, MILLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575447135645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. BOOKER, ROBERT E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575447235645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. FLOCCO, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575448635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 235
	<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. BARTHEL, THOMAS C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575484335645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. WOLF, CLINTON V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575490935645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MACLAUHLAN, DANIEL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mgr Prod  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575492735645**  
 Amount of Each Receipt this Period 20.28  
 Memo Item  
 P/R Deduction (\$20.28 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 235
	<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. RAMIREZ, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575502435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. SUNDAL, DEBORAH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575502935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. HAGEN, ALDIS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575506735645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 235
	<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. JOSEPH, MOLLY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575521735645**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. HEBERT, PAUL B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2625.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575522335645**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. KAPLAN, ERIC J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA VP Clnt Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575524035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	331.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 235
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JETER, WILLIAM GARRISON, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP IT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

**Transaction ID : PR2575528135645**

Amount of Each Receipt this Period  
14.00

Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. HUNTER, ROBERT ALDEN, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Mgr M A
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
257.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

**Transaction ID : PR2575528335645**

Amount of Each Receipt this Period  
21.47

Memo Item

P/R Deduction (\$21.47 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HAMLIN, THOMAS A, , ,**

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Behvrl Med Dir
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

**Transaction ID : PR2575536235645**

Amount of Each Receipt this Period  
38.46

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 235
<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. HAUF, NADINE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575538835645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. BALCK, AMY LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Mgr Mkt Svc Acct Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575548435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SCOTT, JULIE T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575578035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 235
	<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. MOCK, CURTIS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1877.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575579235645**  
 Amount of Each Receipt this Period 144.44  
 Memo Item  
 P/R Deduction (\$144.44 Bi-Weekly)

**B. WINSOR, ELIZABETH C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575582835645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. REEVES, RICHARD W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575583835645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 235
	<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. PETEROY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575585635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DWYER, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.40

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575590635645**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$90.90 Bi-Weekly)

**C. JORGE, DEBORAH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575593635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 235
	<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. IVERSON, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575603235645**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. STAPLES, DAVID J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575633935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. THOMPSON, BRIAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575634635645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	129.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 160 OF 235
	(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. HENRY, JAN LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Hlth Svs Dir RN/NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575636835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CLARK, TERRENCE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575636935645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. COLLINS, NEIL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575637635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 235
	<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. DAVIS, BENTON V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575639235645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SUBLETTE, NANCY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575646935645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. HERMAN, CRAIG S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575650235645**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$62.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 235
	<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. VAN ERT, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR257565035645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. GONG, RONALD MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M R SIs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575651535645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. HAYHURST, JENNY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575651835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 235
	<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. MCFANN, ELENA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575654735645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. PIZZANO, KATHRYN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575662135645**  
 Amount of Each Receipt this Period 24.33  
 Memo Item  
 P/R Deduction (\$24.33 Bi-Weekly)

**C. ALLEN, CARL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Phys Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575669335645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 235
	<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. MOESCHLER, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575676135645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PRIEST, BRADY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575677235645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. SCHROEDER, MICHELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575683735645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	149.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 235
	<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. STIDMAN, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2014.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575683835645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. COHEN-SMITH, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575693935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. FARRELL, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575696235645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. PROKOCKI, ELIZABETH SOBERG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1718.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575705835645**  
 Amount of Each Receipt this Period 156.25  
 Memo Item  
 P/R Deduction (\$156.25 Bi-Weekly)

**B. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575708835645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. BERNAUER, MARK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Hlth Economics Rscher  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575718135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 235
	<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. KNORR, MOLLY LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575735435645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GROSCLAGS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575735735645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STRICKLAND, JULIE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Advrtsng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575740935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	66.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 235
	<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. PORTZ, THOMAS G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575744535645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ADAME, CARLOS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575755435645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. DOMER, HERBERT R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT DT Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575756035645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.04
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MILES, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mktg Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575770935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. MONTOYA, MATTHEW D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Mgr Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575777635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MORRIS, CAROLYN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Assc Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 213.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575780935645**  
 Amount of Each Receipt this Period 30.50  
 Memo Item  
 P/R Deduction (\$30.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 235
	<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. MADDUX, SUSAN V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575783835645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. RUSSELL, LAURIE ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575812135645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MILLER, WILLIAM J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2057.65

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575819835645**  
 Amount of Each Receipt this Period 88.47  
 Memo Item  
 P/R Deduction (\$88.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 235
	<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. KAUFMAN, PHILIP R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Ben Visn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 937.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575829835645**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
 P/R Deduction (\$312.50 Bi-Weekly)

**B. MANDELL, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575837835645**  
 Amount of Each Receipt this Period 21.47  
 Memo Item  
 P/R Deduction (\$21.47 Bi-Weekly)

**C. HARRISON, CHARLES M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575840335645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 235
	<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. SKOPAS, EDWARD JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575842735645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. GOLDEN, WILLIAM J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1718.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575859335645**  
 Amount of Each Receipt this Period 156.25  
 Memo Item  
 P/R Deduction (\$156.25 Bi-Weekly)

**C. COTTINGTON, NYLE BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 323.19

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575865335645**  
 Amount of Each Receipt this Period 15.39  
 Memo Item  
 P/R Deduction (\$15.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 235
	<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. DAMATO, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575872035645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. LIPPMAN, GLENN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575882835645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. LIPPITT, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575884435645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 235
	<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. LANGAN, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575885035645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. HOFFMAN, JOEL C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575913135645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MEDEIROS, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575930635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 235
	<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. MATTERA, RICHARD J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575938435645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KISCH, DAVID J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575966035645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MELLBERG, DOREEN L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) IT Proj Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575966835645**  
 Amount of Each Receipt this Period 15.87  
 Memo Item  
 P/R Deduction (\$15.87 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	223.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 235
	<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. SALINAS, MARC T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575967935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PERLMAN, JUDITH GAGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575968935645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. DICELLO, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Conctrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575977935645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 235
	<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. LEENAY, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575982835645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. CHURCHILL, CAROL ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575988335645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. GOLD, PAMELA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2575988635645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 235
	<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. BRIGGS, MARC R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.79

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576001635645**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. SQUARRELL SHABLIN, KAREN I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576017335645**  
 Amount of Each Receipt this Period 18.25  
 Memo Item  
 P/R Deduction (\$18.25 Bi-Weekly)

**C. SCOTT, JOHN EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 640.92

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576018635645**  
 Amount of Each Receipt this Period 71.82  
 Memo Item  
 P/R Deduction (\$71.82 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 235
	<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. SANN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576026435645**  
 Amount of Each Receipt this Period 58.82  
 Memo Item  
 P/R Deduction (\$58.82 Bi-Weekly)

**B. SONERHOLM, KIMBERLY K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576033235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. WARMUTH, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576040035645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 235
	<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. ADAMS, GAYLE Q, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.28

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576040335645**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$357.14 Bi-Weekly)

**B. MEDOWS, RHONDA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576040435645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KANDALAFT, KEVIN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Plan Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576043635645**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 P/R Deduction (\$83.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	536.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 235
<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. STONE, LAURA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576045135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. GROENENDAAL, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Exe Comp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576046235645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 662.44

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576051335645**  
 Amount of Each Receipt this Period 67.52  
 Memo Item  
 P/R Deduction (\$67.52 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 235
	<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. JOHNSON, RESTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Entrprs Real Estate Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576051635645**  
 Amount of Each Receipt this Period 97.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. REX, JOHN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576060035645**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. GOLENOR, APRIL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Plan Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576063935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 235
	<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. NOVAK, LANCE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576073535645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. DAVIS, ANGELA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576083935645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JOHNSON, DARRIN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 718.14

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576103735645**  
 Amount of Each Receipt this Period 56.37  
 Memo Item  
 P/R Deduction (\$56.37 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 235
	<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. OHME, MARGARET A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576104035645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. DIAMOND, TIFFANY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576105535645**  
 Amount of Each Receipt this Period 71.43  
 Memo Item  
 P/R Deduction (\$71.43 Bi-Weekly)

**C. KIEWEL, NATHAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Apps Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576117535645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.43
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 235
	<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. KENT, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576119035645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. TORGERSON, CHANDRA LUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576128635645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. NELSON, STEVEN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3824.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576144835645**  
 Amount of Each Receipt this Period 235.04  
 Memo Item  
 P/R Deduction (\$235.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	312.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 235
	<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. FRIDNER, JOHN E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576147535645**  
 Amount of Each Receipt this Period 39.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. ELLIOTT III, THOMAS L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 937.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2576313335645**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
 P/R Deduction (\$312.50 Bi-Weekly)

**C. KENIRY, DANIEL J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2577379335645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	543.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 235
	<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. TIDMARSH, BRIAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Natl Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578724235645**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. HOPKINS, KATHRYN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2827.02

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578735235645**  
 Amount of Each Receipt this Period 134.62  
 Memo Item  
 P/R Deduction (\$134.62 Bi-Weekly)

**C. KOUZOUKAS, DEMETRIOS L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578740435645**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 235
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. KRAUSE, PHIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578742135645**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. ASNER, BARTLEY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578819435645**  
 Amount of Each Receipt this Period 21.47  
 Memo Item  
 P/R Deduction (\$21.47 Bi-Weekly)

**C. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578824335645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 227.77  
**TOTAL** This Period (last page this line 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 235
	<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. BUSBEE, NATHANAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 722.15

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578826735645**  
 Amount of Each Receipt this Period 55.55  
 Memo Item  
 P/R Deduction (\$55.55 Bi-Weekly)

**B. COHEN, JAY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 937.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2578829635645**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
 P/R Deduction (\$312.50 Bi-Weekly)

**C. FARMER, RACHEL C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2595208335645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	382.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 235
	<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. KONERU, VINAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2595218435645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. GROSCHEN, LAURA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2595230935645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GIORGIO, SHERRI LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2600648935645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	244.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 235
<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. SCOTT, WESTON PRICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.17

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601125335645**  
 Amount of Each Receipt this Period 30.77  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

**B. GLASGOW, ARTHUR LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601127735645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. ROBERTS, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Act Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601127835645**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 235
	<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. SHORT, MARIANNE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601133535645**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NEWTON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601133735645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SWANSON, AMY N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1111.08

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601140735645**  
 Amount of Each Receipt this Period 277.77  
 Memo Item  
 P/R Deduction (\$277.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.11
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 235
	<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. OLDHAM, LORA ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regl Dir Medicr Brkr Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601147635645**  
 Amount of Each Receipt this Period 9.62  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

**B. MOORE, DOUGLAS LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.73

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601149635645**  
 Amount of Each Receipt this Period 14.87  
 Memo Item  
 P/R Deduction (\$14.87 Bi-Weekly)

**C. CHRIST, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601156935645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 235
	<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. TICE JR, ANDREW W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Phys Advsr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.68

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601160935645**  
 Amount of Each Receipt this Period 27.86  
 Memo Item  
 P/R Deduction (\$27.86 Bi-Weekly)

**B. HAYLEY, KATHRYN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1780.61

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601169035645**  
 Amount of Each Receipt this Period 132.65  
 Memo Item  
 P/R Deduction (\$132.65 Bi-Weekly)

**C. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601176835645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 235
	<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. KAPROW, MARC GORDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2601179035645**  
 Amount of Each Receipt this Period 26.07  
 Memo Item  
 P/R Deduction (\$26.07 Bi-Weekly)

**B. BUSCH NEHRING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605698335645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DAVIS, KELLY MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.68

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605734235645**  
 Amount of Each Receipt this Period 44.28  
 Memo Item  
 P/R Deduction (\$44.28 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 235
	<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. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605736935645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FERENSIC, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prov Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605738235645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. KIEFER, WILLIAM KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strat Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605755635645**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 235
	<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. AUSTIN, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1764.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR26057435645**  
 Amount of Each Receipt this Period 147.06  
 Memo Item  
 P/R Deduction (\$147.06 Bi-Weekly)

**B. SMITH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2605760635645**  
 Amount of Each Receipt this Period 31.25  
 Memo Item  
 P/R Deduction (\$31.25 Bi-Weekly)

**C. WEISSEL, MICHAEL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2606842935645**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 235
	<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. MATECZUN, JOHN MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3741.43

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2606845135645**  
 Amount of Each Receipt this Period 251.71  
 Memo Item  
 P/R Deduction (\$251.71 Bi-Weekly)

**B. ZIESMANN, THOMAS KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.67

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2606854435645**  
 Amount of Each Receipt this Period 369.87  
 Memo Item  
 P/R Deduction (\$369.87 Bi-Weekly)

**C. EYER, JAN V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2606857535645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 199 OF 235
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. KENNEDY, SHELLEY L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Service Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 957.68

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2607803035645**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. MARGRITZ, CYNTHIA ANN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2607806135645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CEGLIA, VINCENT C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.70

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2608052035645**  
 Amount of Each Receipt this Period 26.07  
 Memo Item  
 P/R Deduction (\$26.07 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.11  
**TOTAL** This Period (last page this line 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 200 OF 235
	<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. SCHWARTZ, SHAWN DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2608059335645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. LANDO, LISA MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2608059335645**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$62.50 Bi-Weekly)

**C. FLYNN, VIRGINIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2608061235645**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$62.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	139.04
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 235
	<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. FERGUSON, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2608061935645**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. HECK, ALLYN RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2609810935645**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. EPPEL, JAMES W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2612532535645**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	239.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 235
	<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. JACKSON, BRENT ALLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2614312635645**  
 Amount of Each Receipt this Period 20.28  
 Memo Item  
 P/R Deduction (\$20.28 Bi-Weekly)

**B. VAIL, ABIGAIL LONDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2614315635645**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. VANNORMAN, SAMUEL O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 278.08

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2615086035645**  
 Amount of Each Receipt this Period 17.38  
 Memo Item  
 P/R Deduction (\$17.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 235
	<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. SOLOMON, RANDALL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 782.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2615671535645**  
 Amount of Each Receipt this Period 43.48  
 Memo Item  
 P/R Deduction (\$43.48 Bi-Weekly)

**B. BIRNBAUM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 782.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2615671635645**  
 Amount of Each Receipt this Period 43.48  
 Memo Item  
 P/R Deduction (\$43.48 Bi-Weekly)

**C. YOUNG, JENNIFER LORYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Vice Pres AM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2615929435645**  
 Amount of Each Receipt this Period 18.25  
 Memo Item  
 P/R Deduction (\$18.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 235
	<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. KIRBY, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Cnslt Bus Adv/Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2615957035645**  
 Amount of Each Receipt this Period 20.28  
 Memo Item  
 P/R Deduction (\$20.28 Bi-Weekly)

**B. MIRVISS, ALAN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Sr Proj Mgr II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 257.64

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2617361735645**  
 Amount of Each Receipt this Period 21.47  
 Memo Item  
 P/R Deduction (\$21.47 Bi-Weekly)

**C. JOHNSON, MARK OWEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2617933935645**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 235
	<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. JACOBY, PETER GROVES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2222.20

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2623707535645**  
 Amount of Each Receipt this Period 555.55  
 Memo Item  
 P/R Deduction (\$555.55 Bi-Weekly)

**B. MULES, REBECCA HUMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.72

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2624442635645**  
 Amount of Each Receipt this Period 142.86  
 Memo Item  
 P/R Deduction (\$142.86 Bi-Weekly)

**C. FULLER JESSEP, JENIFER JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 10 / 15 / 2014  
**Transaction ID : PR2624445435645**  
 Amount of Each Receipt this Period 166.67  
 Memo Item  
 P/R Deduction (\$166.67 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.08
<b>TOTAL</b> This Period (last page this line number only).....	35436.65

**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"/> 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. Mchenry For Congress**

Mailing Address PO Box 1406

City  
Hickory

State  
NC

Zip Code  
28603

Purpose of Disbursement

Contribution

011

Candidate Name

McHenry, Patrick, Timothy, Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00393629

**Transaction ID : 37546623**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City  
Roswell

State  
GA

Zip Code  
30077

Purpose of Disbursement

Contribution

011

Candidate Name

Price, Thomas, Edmunds, Rep., M.D.

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00386755

**Transaction ID : 37546624**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City  
Springfield

State  
MO

Zip Code  
65804

Purpose of Disbursement

Contribution

011

Candidate Name

Long, Billy, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00460063

**Transaction ID : 37546627**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00
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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 checked="" type="checkbox"/> 23	<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 Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143

Purpose of Disbursement

Contribution

011

Candidate Name

Joyce, Dave, , Rep.,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C00527457

**Transaction ID : 37546630**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Lamborn for Congress**

Mailing Address PO Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement

Contribution

011

Candidate Name

Lamborn, Douglas, L., Rep.,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: CO District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C00420745

**Transaction ID : 37546633**

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Rothfus For Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement

Contribution

011

Candidate Name

Rothfus, Keith, , Rep.,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C00497115

**Transaction ID : 37546635**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

**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"/> 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. Kristi For Congress**

Mailing Address PO Box 852

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

Contribution

011

Candidate Name

Noem, Kristi, Lynn, Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	4		

FEC Identification Number

C C00476853

**Transaction ID : 37546636**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Lance For Congress**

Mailing Address PO Box 225

City  
Colonia

State  
NJ

Zip Code  
07067

Purpose of Disbursement

Contribution

011

Candidate Name

Lance, Leonard, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NJ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	4		

FEC Identification Number

C C00444224

**Transaction ID : 37546638**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Coffman For Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City  
Greenwood Village

State  
CO

Zip Code  
80111

Purpose of Disbursement

Contribution

011

Candidate Name

Coffman, Mike, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	4		

FEC Identification Number

C C00497180

**Transaction ID : 37546639**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00



**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 checked="" type="checkbox"/> 23	<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. Graves for Congress**

Mailing Address 2345 Grand Blvd  
Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

Contribution

011

Candidate Name

Graves, Samuel, B., Rep.,

Category/Type

Office Sought:  House  Senate  President  
State: MO District: 06

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C [Redacted]

Transaction ID : 37546640

Amount of Each Disbursement this Period

[Redacted] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

Contribution

011

Candidate Name

Murphy, Tim, F., Rep.,

Category/Type

Office Sought:  House  Senate  President  
State: PA District: 18

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C C00372201

Transaction ID : 37546642

Amount of Each Disbursement this Period

[Redacted] 1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Walberg for Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement

Contribution

011

Candidate Name

Walberg, Timothy, Lee, Rep.,

Category/Type

Office Sought:  House  Senate  President  
State: MI District: 07

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C C00390724

Transaction ID : 37546643

Amount of Each Disbursement this Period

[Redacted] 3000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[Redacted] 7000.00

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

[Redacted]

**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"/> 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 Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Toomey, Patrick, Joseph, Sen.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C C00461046

**Transaction ID : 37546646**

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Titledown PAC**

Mailing Address PO Box 15593

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Titledown PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C C00505297

**Transaction ID : 37546647**

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. North Carolina Republican Senate Caucus**

Mailing Address 1506 Hillsborough St

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Contribution

011

Candidate Name

North Carolina Republican Senate Caucus

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C C00038505

**Transaction ID : 37546664**

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

8500.00

**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 checked="" type="checkbox"/> 23	<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. Bill Flores for Congress**

Mailing Address PO Box 6207

City  
Bryan

State  
TX

Zip Code  
77805

Purpose of Disbursement

Contribution

011

Candidate Name

Flores, Bill, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00472241

**Transaction ID : 37546665**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address PO Box 8277

City  
The Woodlands

State  
TX

Zip Code  
77387

Purpose of Disbursement

Contribution

011

Candidate Name

Brady, Kevin, Patrick, Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00311043

**Transaction ID : 37546666**

Amount of Each Disbursement this Period

3000.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Mailing Address 901 N Washington St  
Suite 700

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

Contribution

011

Candidate Name

Common Values PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

FEC Identification Number

C C00442368

**Transaction ID : 37546670**

Amount of Each Disbursement this Period

2500.00
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Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00
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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 checked="" type="checkbox"/> 23	<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. Eye of the Tiger Political Action Committee**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Contribution   011  
Candidate Name

Eye of the Tiger Political Action Committee  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

**C** C00467431

**Transaction ID : 37546745**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Contribution   011  
Candidate Name

Paulsen, Erik, , Rep.,  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

**C** C00439661

**Transaction ID : 37546747**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
Contribution   011  
Candidate Name

Ayotte, Kelly, A., Sen.,  
Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NH District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

**C** C00464297

**Transaction ID : 37546748**

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8000.00

**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 checked="" type="checkbox"/> 23	<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. Jeff Flake For Us Senate Inc**

Mailing Address PO Box 12512

City  
Tempe

State  
AZ

Zip Code  
85284

Purpose of Disbursement

Contribution

011

Candidate Name

Flake, Jeff, , Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: AZ

District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

FEC Identification Number

C00347260

**Transaction ID : 37546749**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Ryan Costello For Congress**

Mailing Address PO Box 3154

City  
West Chester

State  
PA

Zip Code  
19381

Purpose of Disbursement

Contribution

011

Candidate Name

Costello, Ryan, ,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2014

Primary  General  
 Other (specify) ▼

State: PA

District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C00554899

**Transaction ID : 37598009**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement

Contribution

011

Candidate Name

Sewell, Terri, , Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2014

Primary  General  
 Other (specify) ▼

State: AL

District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C00458976

**Transaction ID : 37598010**

Amount of Each Disbursement this Period

1000.00

Memo Item 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"/> 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. Tim Walz for US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Walz, Timothy, J., Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598011**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Tennessee Republican Party Federal Election Account**

Mailing Address 2424 21st Ave  
Suite 200

City Nashville State TN Zip Code 37212

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598012**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Trott For Congress, Inc.**

Mailing Address 2085 E. West Maple Road  
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Trott, David, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598013**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mike Bishop For Congress**

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Contribution

011

Candidate Name

Bishop, Michael, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C00561001

**Transaction ID : 37598014**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Yoder for Congress, Inc**

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement

Contribution

011

Candidate Name

Yoder, Kevin, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C00472365

**Transaction ID : 37598019**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement

Contribution

011

Candidate Name

Meehan, Patrick, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C00466870

**Transaction ID : 37598020**

Amount of Each Disbursement this Period

2500.00

Memo Item 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"/> 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. Elise For Congress**

Mailing Address PO Box 338

City  
Willsboro

State  
NY

Zip Code  
12996

Purpose of Disbursement

Contribution

011

Candidate Name

Stefanik, Elise, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C C00547893

**Transaction ID : 37598021**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City  
West Columbia

State  
SC

Zip Code  
29171-2145

Purpose of Disbursement

Contribution

011

Candidate Name

Wilson, Joe, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: SC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C C00368522

**Transaction ID : 37598022**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Kansas Republican Party - Federal Account**

Mailing Address PO Box 4157

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement

Contribution - Federal

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

FEC Identification Number

C

**Transaction ID : 37598025**

Amount of Each Disbursement this Period

5000.00
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Memo Item Contribution - Federal

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00
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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 checked="" type="checkbox"/> 23	<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. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598026**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Thompson, Glenn, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: PA District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598027**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Turner**

Mailing Address 120 W 2nd Street  
Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Turner, Michael, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 10

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598028**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Stivers, Steve, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2014

FEC Identification Number

C C00441352
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Transaction ID : 37598029

Amount of Each Disbursement this Period

1000.00
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Memo Item Contribution

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
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80500.00
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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"/> 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) <b>A. Jim Tracy for State Senate</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address PO Box 332166		FEC Identification Number C [ ] <b>Transaction ID : 37546755</b>
City Murfreesboro	State TN	Zip Code 37133
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name Tracy, Jim, , TN Sen.,		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Contribution
State: [ ] District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-elect Steve McDaniel</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 97 Battleground Drive		FEC Identification Number C [ ] <b>Transaction ID : 37546756</b>
City Parkers Crossroads	State TN	Zip Code 38388
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name McDaniel, Steve, , TN Rep.,		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Contribution
State: [ ] District: [ ]		

Full Name (Last, First, Middle Initial) <b>C. MPAC</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address PO Box 381075		FEC Identification Number C [ ] <b>Transaction ID : 37546757</b>
City Germantown	State TN	Zip Code 38138
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [ ] 2000.00
Candidate Name		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item Contribution
State: [ ] District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[ ] 3500.00
<b>TOTAL</b> 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"/> 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. RAAMPAC**

Mailing Address PO Box 158213

City  
Nashville

State  
TN

Zip Code  
37215

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

/  /

FEC Identification Number

**Transaction ID : 37546758**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Travis Re-Elect Committee**

Mailing Address 1158 Market St

City  
Dayton

State  
TN

Zip Code  
37321

Purpose of Disbursement

Contribution

**011**

Category/  
Type

Candidate Name

Travis, Ron, , TN Rep.,

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37546759**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Alliance of Health Insurers PAC**

Mailing Address 44 E Mifflin  
Suite 901

City  
Madison

State  
WI

Zip Code  
53703

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

/  /

FEC Identification Number

**Transaction ID : 37578822**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Schmidt for Attorney General**

Mailing Address PO Box 804

City Independence State KS Zip Code 67301

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Schmidt, Derek, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598051**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Brownback for Governor, Inc.**

Mailing Address 1 SW Cedar Crest Road

City Topeka State KS Zip Code 66606

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Brownback, Sam, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598062**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Hensley for Senate**

Mailing Address 2226 SE Virginia Ave

City Topeka State KS Zip Code 66605

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Hensley, Anthony, , Senator,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37598067**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Mary Pilcher-Cook for Senate**

Mailing Address 13910 W 58th Pl

City  
Shawnee

State  
KS

Zip Code  
66216

Purpose of Disbursement

Contribution

011

Candidate Name

Pilcher-Cook, Mary, , KS Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

FEC Identification Number

C [REDACTED]

**Transaction ID : 37598068**

Amount of Each Disbursement this Period

[REDACTED] 750.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Longbine for Senate**

Mailing Address 2801 Lakeridge Rd

City  
Emporia

State  
KS

Zip Code  
66801

Purpose of Disbursement

Contribution

011

Candidate Name

Longbine, Jeff, , KS Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

FEC Identification Number

C [REDACTED]

**Transaction ID : 37598069**

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. King for Senate**

Mailing Address 1212 North Second St

City  
Independence

State  
KS

Zip Code  
67301

Purpose of Disbursement

Contribution

011

Candidate Name

King, Jeff, , KS Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

FEC Identification Number

C [REDACTED]

**Transaction ID : 37598070**

Amount of Each Disbursement this Period

[REDACTED] 700.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1750.00

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

[REDACTED]

**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"/> 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. Kelly for Senate**

Mailing Address 224 SW Greenwood Ave

City Topeka State KS Zip Code 66606

Purpose of Disbursement

Contribution

011

Candidate Name

Kelly, Laura, , KS Sen.,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598071

Amount of Each Disbursement this Period

[ ] 350.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Bruce for Senate**

Mailing Address PO Box 726

City Hutchinson State KS Zip Code 67504

Purpose of Disbursement

Contribution

011

Candidate Name

Bruce, Terry, , KS Sen.,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598072

Amount of Each Disbursement this Period

[ ] 700.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Olson for Senate**

Mailing Address 15944 S Clairborne St

City Olathe State KS Zip Code 66062

Purpose of Disbursement

Contribution

011

Candidate Name

Olson, Robert, , KS Sen.,

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598074

Amount of Each Disbursement this Period

[ ] 300.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1350.00

**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"/> 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. Wagle for Senate**

Mailing Address 14 N Sandalwood

City Wichita State KS Zip Code 67230

Purpose of Disbursement

Contribution

011

Candidate Name

Wagle, Susan, , Senator,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598075

Amount of Each Disbursement this Period

[ ] 750.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Bowers for Senate**

Mailing Address 1326 N 150th Rd

City Concor State KS Zip Code 66901

Purpose of Disbursement

Contribution

011

Candidate Name

Bowers, Elaine, , KS Sen.,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598076

Amount of Each Disbursement this Period

[ ] 300.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Vickrey for Representative**

Mailing Address 502 S Countryside Dr

City Louisburg State KS Zip Code 66053

Purpose of Disbursement

Contribution

011

Candidate Name

Vickrey, Jene, , Representa,

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2014

FEC Identification Number

C [ ]

Transaction ID : 37598077

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1550.00

**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"/> 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. Rob Bruchman for Representative**

Mailing Address 5016 W 108th Terrace  
#522

City Overland Park State KS Zip Code 66211

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Bruchman, Rob, , KS Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

FEC Identification Number

C
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Transaction ID : 37598078

Amount of Each Disbursement this Period

250.00
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Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Merrick for Representative**

Mailing Address 6874 W 164 Terrace

City Stilwell State KS Zip Code 66085

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Merrick, Ray, , KS Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

FEC Identification Number

C
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Transaction ID : 37598079

Amount of Each Disbursement this Period

500.00
--------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Mast for Representative**

Mailing Address 765 Road 110

City Emporia State KS Zip Code 66801

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Mast, Peggy, , Representa,

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

FEC Identification Number

C
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Transaction ID : 37598080

Amount of Each Disbursement this Period

300.00
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Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1050.00
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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"/> 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. Bolz for Legislature**

Mailing Address 2816 Jameson N  
#1

City Lincoln State NE Zip Code 68516

Purpose of Disbursement

Contribution

011

Candidate Name

Bolz, Kate, , NE Sen.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602300

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Schilz for Legislature**

Mailing Address 417 Crestview Dr

City Ogallala State NE Zip Code 68153

Purpose of Disbursement

Contribution

011

Candidate Name

Schilz, Ken, , NE Sen.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602302

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Nebraskans for Tyson Larson**

Mailing Address 104 E Windsor Ave

City ONeill State NE Zip Code 68763

Purpose of Disbursement

Contribution

011

Candidate Name

Larson, Tyson, , NE Sen.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602303

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

**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"/> 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. Murante for Legislature**

Mailing Address 11814 S 211th St

City  
Gretna

State  
NE

Zip Code  
68028

Purpose of Disbursement

Contribution

011

Candidate Name

Murante, John, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602304**

Amount of Each Disbursement this Period

[ ] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Kintner for Legislature**

Mailing Address 2103 Lakewood Dr

City  
Papillion

State  
NE

Zip Code  
68046

Purpose of Disbursement

Contribution

011

Candidate Name

Kintner, Bill, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602305**

Amount of Each Disbursement this Period

[ ] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Kathy Campbell for Legislature**

Mailing Address 6111 Chartwell Lane

City  
Lincoln

State  
NE

Zip Code  
68516

Purpose of Disbursement

Contribution

011

Candidate Name

Campbell, Kathy, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602306**

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 1000.00

[ ]

**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"/> 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. Mike Gloor for Legislature**

Mailing Address 2120 Barbara Ave.

City  
Grand Island

State  
NE

Zip Code  
68803-6307

Purpose of Disbursement

Contribution

011

Candidate Name

Gloor, Mike, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602307

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Neighbors for Sara Howard**

Mailing Address 132 N. 40th Street

City  
Omaha

State  
NE

Zip Code  
68131

Purpose of Disbursement

Contribution

011

Candidate Name

Howard, Sara, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602308

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Nordquist for Legislature**

Mailing Address 615 Dorcas Street

City  
Omaha

State  
NE

Zip Code  
68108

Purpose of Disbursement

Contribution

011

Candidate Name

Nordquist, Jeremiah, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602310

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1250.00

**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"/> 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. Watermeier for Legislature**

Mailing Address 2529 J Road

City  
Syracuse

State  
NE

Zip Code  
68446

Purpose of Disbursement

Contribution

011

Candidate Name

Watermeier, Daniel, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602311

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Krist for Legislature**

Mailing Address 3103 Maplewood Blvd  
Apt 81

City  
Omaha

State  
NE

Zip Code  
68134

Purpose of Disbursement

Contribution

011

Candidate Name

Krist, Bob, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602312

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Colby Coash**

Mailing Address 829 Mary Court

City  
Lincoln

State  
NE

Zip Code  
68522

Purpose of Disbursement

Contribution

011

Candidate Name

Coash, Colby, , NE Sen.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

FEC Identification Number

C

Transaction ID : 37602313

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends for Heath Mello**

Mailing Address 5315 B Street

City  
Omaha

State  
NE

Zip Code  
68106

Purpose of Disbursement

Contribution

011

Candidate Name

Mello, Heath, , NE Sen.,

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
10			14			2014			

FEC Identification Number

C

**Transaction ID : 37602314**

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends for Sue Crawford**

Mailing Address 1806 Madison Street

City  
Bellevue

State  
NE

Zip Code  
68005

Purpose of Disbursement

Contribution

011

Candidate Name

Crawford, Sue, , NE Sen.,

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
10			14			2014			

FEC Identification Number

C

**Transaction ID : 37602316**

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Klint Kesto**

Mailing Address PO Box 1193

City  
Walled Lake

State  
MI

Zip Code  
48382

Purpose of Disbursement

Contribution

011

Candidate Name

Kesto, Klint, , MI Rep.,

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
10			15			2014			

FEC Identification Number

C

**Transaction ID : 37602389**

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**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"/> 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. Curtis Hertel Jr For Senate**

Mailing Address 2747 Southwood Dr

City  
East Lansing

State  
MI

Zip Code  
48823

Purpose of Disbursement

Contribution

011

Candidate Name

Hertel, Curtis, , , Jr

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
10			15			2014			

FEC Identification Number

C

Transaction ID : 37602390

Amount of Each Disbursement this Period

250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Hildenbrand for State Senate**

Mailing Address PO Box 1075

City  
Grand Rapids

State  
MI

Zip Code  
49501

Purpose of Disbursement

Contribution

011

Candidate Name

Hildenbrand, Dave, , MI Sen.,

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
10			15			2014			

FEC Identification Number

C

Transaction ID : 37602391

Amount of Each Disbursement this Period

750.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Ananich Senate**

Mailing Address 932 Maxine St

City  
Flint

State  
MI

Zip Code  
48503

Purpose of Disbursement

Contribution

011

Candidate Name

Ananich, Jim, , MI Sen.,

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
10			15			2014			

FEC Identification Number

C

Transaction ID : 37602392

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**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"/> 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. Jim Marleau for State Senate**

Mailing Address 3181 Sandoval Dr.

City  
Lake Orion

State  
MI

Zip Code  
48360

Purpose of Disbursement

Contribution

011

Candidate Name

Marleau, James, , MI Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	4		

FEC Identification Number

C

Transaction ID : 37602393

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Sean McCann for State Senate**

Mailing Address PO Box 50904

City  
Kalamazoo

State  
MI

Zip Code  
49005

Purpose of Disbursement

Contribution

011

Candidate Name

McCann, Sean, , ,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	4		

FEC Identification Number

C

Transaction ID : 37602394

Amount of Each Disbursement this Period

350.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Vincent Gregory for Senate**

Mailing Address 19578 San Jose Blvd.

City  
Lathrup Village

State  
MI

Zip Code  
48076

Purpose of Disbursement

Contribution

011

Candidate Name

Gregory, Vincent, , MI Sen.,

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	4		

FEC Identification Number

C

Transaction ID : 37602395

Amount of Each Disbursement this Period

250.00

Memo Item 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"/> 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)**

**A. Bill Shuette for Attorney General**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27188

City Lansing State MI Zip Code 48909

Purpose of Disbursement  
Contribution  011  
Category/Type

Candidate Name  
Shuette, Bill, , ,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number  
C  
Transaction ID : 37602396  
Amount of Each Disbursement this Period  
600.00  
Contribution  
 Memo Item

**B. Brian Calley for Michigan**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16173

City Lansing State MI Zip Code 48901

Purpose of Disbursement  
Contribution  011  
Category/Type

Candidate Name  
Calley, Brian, , ,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number  
C  
Transaction ID : 37602397  
Amount of Each Disbursement this Period  
500.00  
Contribution  
 Memo Item

**C. Committee to Elect Peter MacGregor**

Full Name (Last, First, Middle Initial)

Mailing Address 8209 Vista Royale Lane

City Rockford State MI Zip Code 49341

Purpose of Disbursement  
Contribution  011  
Category/Type

Candidate Name  
MacGregor, Peter, , MI Rep.,

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number  
C  
Transaction ID : 37602398  
Amount of Each Disbursement this Period  
250.00  
Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1350.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Brandon Dillon**

Mailing Address 1455 Ball Ave NE

City  
Grand Rapids

State  
MI

Zip Code  
49505

Purpose of Disbursement

Contribution

011

Candidate Name

Dillon, Brandon, , MI Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602420**

Amount of Each Disbursement this Period

[ ] 250.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Steve Bullock**

Mailing Address PO Box 1330

City  
Helena

State  
MT

Zip Code  
59620

Purpose of Disbursement

Contribution

011

Candidate Name

Bullock, Steve, ,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602427**

Amount of Each Disbursement this Period

[ ] 650.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Senate Republican Caucus**

Mailing Address PO Box 331983

City  
Nashville

State  
TN

Zip Code  
37203

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 37602434**

Amount of Each Disbursement this Period

[ ] 750.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1650.00

**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"/> 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. People to Elect Matt Baker**

Mailing Address PO Box 602

City  
Wellsboro

State  
PA

Zip Code  
16901

Purpose of Disbursement

Contribution

011

Candidate Name

Baker, Matthew, , Representa,

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
10			15			2014			

FEC Identification Number

C [ ]

**Transaction ID : 37602440**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Sam Smith**

Mailing Address 826 Ridge Road

City  
Punxsutawney

State  
PA

Zip Code  
15767

Purpose of Disbursement

Contribution

011

Candidate Name

Smith, Samuel, H., PA Rep.,

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
10			15			2014			

FEC Identification Number

C [ ]

**Transaction ID : 37602447**

Amount of Each Disbursement this Period

[ ] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 3000.00

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

[ ] 32550.00