

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="225407.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="125751.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60061.94"/>	<input type="text" value="667306.12"/>
(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="185813.27"/>	<input type="text" value="892714.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60450.00"/>	<input type="text" value="767350.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="125363.27"/>	<input type="text" value="125363.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57839.23	553590.69
(ii) Unitemized	2222.71	113215.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60061.94	666806.12
(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)	60061.94	666806.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	500.00
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))..... ▶	60061.94	667306.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60061.94	667306.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	580000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1850.75
(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	1850.75
29. Other Disbursements	25950.00	185400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60450.00	767350.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60450.00	767350.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	60061.94	666806.12
34. Total Contribution Refunds (from Line 28(d))	0.00	1850.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60061.94	664955.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 223
	(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. MICHELLE FERENSIC
Full Name (Last, First, Middle Initial)

Mailing Address 404 KENTUCKY BRANCH LANE

City JACKSONVILLE State FL Zip Code 32259-8863

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

Name of Employer United HealthCare Services Inc Occupation SVP Prov Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38639975

Amount of Each Receipt this Period
19.23

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

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer Optum Services, Inc Occupation VP Strat Initiv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2422.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38640015

Amount of Each Receipt this Period
115.38

C. LANCE NOVAK
Full Name (Last, First, Middle Initial)

Mailing Address 17035 41ST PLACE N

City PLYMOUTH State MN Zip Code 55446-3358

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

Name of Employer United HealthCare Services Inc Occupation VP Fin

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 / 09 / 2015
Transaction ID : 38640405

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line 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 7 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARC T SALINAS
 Mailing Address 1630 ROCK RIDGE DRIVE
 City State Zip Code
 PROSPER TX 75078-9728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : 38640511
 Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. CHRISTINE W GIBSON
 Mailing Address 8516 29TH AVE N
 City State Zip Code
 NEW HOPE MN 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Strat Initiv
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2461.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : 38691739
 Amount of Each Receipt this Period
 38.46

Full Name (Last, First, Middle Initial)
C. DEBORAH S STREB
 Mailing Address 2201 NORTH STAR ROAD
 City State Zip Code
 UPPER ARLINGTON OH 43221-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Proj Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1159794139320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.46
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ERIC P CLARKE

Mailing Address 20 MCNULTY DRIVE

City EAST HARTFORD State CT Zip Code 06118-2413

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1159802239320

Amount of Each Receipt this Period
 19.24

P/R Deduction (\$9.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SHARON M SWAN

Mailing Address 395 STEAMBOAT CROSSING

City DRIPPING SPRINGS State TX Zip Code 78620-4342

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

Name of Employer UNITED HEALTHCARE SVS INC Occupation PS Strat Acct Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1159803239320

Amount of Each Receipt this Period
 20.00

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

Full Name (Last, First, Middle Initial)
C. BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City TRUMBULL State CT Zip Code 06611-4062

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

Name of Employer United HealthCare Services Inc Occupation E&I NA VP SIs Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1159803839320

Amount of Each Receipt this Period
 30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City SENECA State SC Zip Code 29672-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1159805539320
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAMES S ELLISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 S 52ND ST
 City OMAHA State NE Zip Code 68132-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1159805939320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JAMES S WATSON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 SHENANDOAH DR
 City LINCOLN State NE Zip Code 68510-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1159806039320
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID S WICHMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7000 ANTRIM ROAD
 City EDINA State MN Zip Code 55439-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PRES & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159814739320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PATRICK J ERLANDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 OLD LONG LAKE ROAD
 City WAYZATA State MN Zip Code 55391-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHC International Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159815939320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. BRUCE E MEAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 GRAY BRANCH RD
 City MCKINNEY State TX Zip Code 75071-6495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159816139320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	789.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 223
	<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. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159816639320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159816939320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159817439320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 223
	<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. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159819139320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DAVID J FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 LAWRENCE AVE
 City HIGHLAND PARK State NJ Zip Code 08904-1851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159820239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. RICHARD J MIGLIORI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 72
 City WAYZATA State MN Zip Code 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Consumr Hlth Med Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159827439320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	328.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 223
	<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. BARBARA C BUENEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 ROSEBROOK DR
 City FLORISSANT State MO Zip Code 63031-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159828739320
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

B. JEANNINE M RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1159830039320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. Mr. ANTHONY WELTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 SAIGON ROAD
 City MCLEAN State VA Zip Code 22102-2116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1332013239320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	792.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 121 W VIEW STREET

City LOMBARD State IL Zip Code 60148-1659

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

Name of Employer Optum Services, Inc Occupation Dir Care Advo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1551005739320

Amount of Each Receipt this Period 40.00

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

B. CHRISTOPHER R HOCK
Full Name (Last, First, Middle Initial)

Mailing Address 215 WINDMILL HILL

City WETHERSFIELD State CT Zip Code 06109-2746

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1551128939320

Amount of Each Receipt this Period 23.08

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

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

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073-3621

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

Name of Employer Optum Services, Inc Occupation Chief Growth Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.36

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1551133439320

Amount of Each Receipt this Period 230.76

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

SUBTOTAL of Receipts This Page (optional).....▶ 293.84

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

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

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

FOR LINE NUMBER: PAGE 15 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City State Zip Code
 CHICO CA 95926-2012

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

Name of Employer Occupation
 UNITED HEALTHCARE SVS INC Sr Acct Mgr Clnt Svc

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1551160739320

Amount of Each Receipt this Period
 20.00

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

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

Mailing Address 31 ANDREIS TRAIL

City State Zip Code
 SOUTH WINDSOR CT 06074-2142

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

Name of Employer Occupation
 Optum Services, Inc Regn Exec Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1554323539320

Amount of Each Receipt this Period
 110.00

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

Full Name (Last, First, Middle Initial)
C. CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City State Zip Code
 WETHERSFIELD CT 06109-2542

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Clms

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1554323639320

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$10.00 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 16 OF 223
	<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. CATHERINE E SPILLANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3807 PLEASANT VALLEY DRIVE
 City MISSOURI CITY State TX Zip Code 77459-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1554324639320
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. CRAIG C ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1575957339320
 Amount of Each Receipt this Period 227.50
 P/R Deduction (\$113.75 Bi-Weekly)

C. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1575957639320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	650.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1692.24

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1575958139320
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1575958539320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. LAURA A CAHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 LAKE SIDE ROAD
 City MOUNT KISCO State NY Zip Code 10549-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPTUM SERVICES INC Occupation Sr Sols Sls Exec Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1580863639320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	566.52
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT THOMAS WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 DREXEL AVENUE
 City State Zip Code
 EDINA MN 55424-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1580865339320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City State Zip Code
 VICTORIA MN 55386-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP COO of Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1596304139320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9741 GLACIER BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR1596304339320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 223
	<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. DANIEL J SCHUMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596305439320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCOTT E THEISEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596305639320
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. THOMAS D LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHIPPEWA AVENUE
 City TAMPA State FL Zip Code 33606-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596306939320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	615.36
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2420.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596307039320
 Amount of Each Receipt this Period 220.00
 P/R Deduction (\$110.00 Bi-Weekly)

B. MICHAEL J ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17907 INVERNESS CURVE
 City EDEN PRAIRIE State MN Zip Code 55347-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596309339320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DIANE BEDNAR FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 FOXRIDGE CIRCLE
 City TAMPA State FL Zip Code 33618-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596309739320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 326.00
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 21 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY P DOOLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1142 GREENBROOK DRIVE
 City DANVILLE State CA Zip Code 94526-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596312139320
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

B. RICHARD G DUNLOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2964 WYSE COURT
 City LEWIS CENTER State OH Zip Code 43035-8253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596312339320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. KURT A HEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 GERALD DR
 City SAINT LOUIS State MO Zip Code 63128-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596313739320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	83.08
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KATHLEEN A MALLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 SOUTH 167 AVENUE
 City OMAHA State NE Zip Code 68135-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR1596315439320
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

B. JOHN H RENNICK JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 LAKEWOOD EDGE DRIVE
 City CHARLOTTE State NC Zip Code 28269-7705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR1596316839320
 Amount of Each Receipt this Period **38.46**
 P/R Deduction (\$19.23 Bi-Weekly)

C. DANIEL I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR1596317339320
 Amount of Each Receipt this Period **192.30**
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **307.68**
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 23 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
 SILVER SPRING MD 20905-5028

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1596317439320

Amount of Each Receipt this Period
 192.30

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

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

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code
 SUWANEE GA 30024-8576

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

Name of Employer Occupation
 United HealthCare Services Inc KA VP Sls Acct Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1596318439320

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
 CIRCLE PINES MN 55014-5488

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Prod

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 253.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1596318939320

Amount of Each Receipt this Period
 23.08

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 293.38

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

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

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

FOR LINE NUMBER: PAGE 24 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFREY ALAN TODD
 Full Name (Last, First, Middle Initial)
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596319039320
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. CHRIS B TURNAU
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 43216
 3741 DUNBAR KNOLL
 City BROOKLYN PARK State MN Zip Code 55443-0216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596319139320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. FRANK M VIERLING
 Full Name (Last, First, Middle Initial)
 Mailing Address N5021 GREENS COULEE
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596319439320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 25 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. M LAURIE WASSERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 92 GOODWIN CIRCLE
 City HARTFORD State CT Zip Code 06105-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596319539320
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. MYRON R WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596319639320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. WILLIAM R WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 CLIFFORD AVENUE
 City TOLLAND State CT Zip Code 06084-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1596320039320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 223
	<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. JOHN P DODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1600597339320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1600598539320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1600598739320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	478.00
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 223
	<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. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 FOX STREET
 City ORONO State MN Zip Code 55356-8316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Ancillary & Ind/Sgt CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1602669939320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6327 PASADENA POINT BLVD S
 City GULFPORT State FL Zip Code 33707-3867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1613243539320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. WILLIAM F KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1653443139320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	432.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416-4346
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Sls Ops
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1269.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1653444339320

Amount of Each Receipt this Period
115.40

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

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

Mailing Address N12464 HORSESHOE BEND RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1653445039320

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092-2524
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1653445839320

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	212.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 223
	<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. WILLIAM TALAMANTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 6025 ORRIS STREET
 City MCLEAN State VA Zip Code 22101-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1806444739320
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. LORI A ARCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2781 SADDLE CLUB ROAD
 City GREENWOOD State IN Zip Code 46143-9211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1806750139320
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

C. PAUL M EMERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum360 Services Inc Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1806750339320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 30 OF 223
	<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. SHERRI C PINOTTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 BEAR AVE S
 City VADNAIS HEIGHTS State MN Zip Code 55127-7078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1832039839320
 Amount of Each Receipt this Period 19.00
 P/R Deduction (\$9.50 Bi-Weekly)

B. CATHERINE K ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2134.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1903550739320
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KATHLEEN L BISHOP-HEROUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR1903560839320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	253.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 816 PROMONTORY PLACE

City State Zip Code
 EAGAN MN 55123-2297

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

Name of Employer Occupation
 Optum Services, Inc Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1903577139320

Amount of Each Receipt this Period
 50.00

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

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

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
 WOODBURY MN 55125-9592

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

Name of Employer Occupation
 Optum Services, Inc VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1903578139320

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 12880 53RD STREET NORTH

City State Zip Code
 STILLWATER MN 55082-1063

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

Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR1903591139320

Amount of Each Receipt this Period
 78.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6766 IDLEWOOD WAY

City State Zip Code
EDEN PRAIRIE MN 55346-3506

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

Name of Employer Occupation
Optum Services, Inc VP Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR1903612939320

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 20030 EXCELSIOR BLVD

City State Zip Code
EXCELSIOR MN 55331-8727

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

Name of Employer Occupation
Optum Services, Inc SVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR1903622039320

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 7019 DONLEA LANE

City State Zip Code
EDEN PRAIRIE MN 55346-3164

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

Name of Employer Occupation
United HealthCare Services Inc Human Capital Partner Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR1903628639320

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL D WEYMOUTH
Full Name (Last, First, Middle Initial)
Mailing Address 317 WRIGHTS MILL RD

City COVENTRY	State CT	Zip Code 06238-1559
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1903636939320

Amount of Each Receipt this Period

38.46

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

B. PAMELA JAMIAN
Full Name (Last, First, Middle Initial)
Mailing Address 15316 COUTOLENC RD

City MAGALIA	State CA	Zip Code 95954-9791
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR1910417439320

Amount of Each Receipt this Period

23.08

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

C. BRADLEY E ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA	State WI	Zip Code 54155-8632
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2119466839320

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	101.54
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 34 OF 223
	<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. JON D BEATY
 Full Name (Last, First, Middle Initial)
 Mailing Address 32860 SE DIVERS RD
 City ESTACADA State OR Zip Code 97023-7507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119467839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. RUSSELL A BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 HALSEY AVE
 City LAGUNA NIGUEL State CA Zip Code 92677-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119468039320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. KATHIE L BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119469439320
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 223
	<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. DANIEL P CADRIEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 26023 NORTH 53RD DRIVE
 City PHOENIX State AZ Zip Code 85083-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation URS MGR CLNT MGMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119469839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. COLLEEN CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4936 LONGMEADOW PARK ST
 City ORLANDO State FL Zip Code 32811-7485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119469939320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. RICHARD A CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119471839320
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 315 N 71ST ST

City State Zip Code
 SEATTLE WA 98103-5019

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2119472539320

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
 LONG BEACH CA 90815-3023

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

Name of Employer Occupation
 Optum Services, Inc Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2119472639320

Amount of Each Receipt this Period
38.00

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

Full Name (Last, First, Middle Initial)
C. TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City State Zip Code
 GREEN BAY WI 54313-6400

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2119472839320

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ► **108.00**

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

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

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

FOR LINE NUMBER: PAGE 37 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. TARA M DUNGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 HIGH COUNTRY RIDGE
 City State Zip Code
 SAN ANTONIO TX 78260-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir, Clin Appeals
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119473239320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. AMY J GILDERNICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2709 WILLIAMS GRANT
 City State Zip Code
 DE PERE WI 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Clms
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119475239320
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. DAVID M HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 VIA CONOCIDO
 City State Zip Code
 SAN CLEMENTE CA 92673-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres Ntwk Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2970.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119476739320
 Amount of Each Receipt this Period
 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 223
	<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. MADELINE L HARLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3444 CORTES PLACE
 City ROUND ROCK State TX Zip Code 78665-5666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119476939320
 Amount of Each Receipt this Period 28.90
 P/R Deduction (\$14.45 Bi-Weekly)

B. ANNE P HARVEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4916 THOR WAY
 City CARMICHAEL State CA Zip Code 95608-5650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119477239320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. PAULINE M HAYES
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 839
 City HUNTINGTON BEACH State CA Zip Code 92648-0839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119477439320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	68.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. SAMUEL W HO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 OCEAN DR
 City MANHATTAN BEACH State CA Zip Code 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3383.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119477939320
 Amount of Each Receipt this Period
 307.60
 P/R Deduction (\$153.80 Bi-Weekly)

B. DONNA L HUSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 SKYTRAIL DR
 City NEW BRAUNFELS State TX Zip Code 78130-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPTUM TECHNOLOGY, INC. Occupation Clms Bus Proc Anlyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119478639320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. BRIAN JEFFREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 RIMROCK
 City IRVINE State CA Zip Code 92603-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119479139320
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	377.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 223
	<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. JOHN D JONES
Full Name (Last, First, Middle Initial)

Mailing Address 725 N RANCHO SANTIAGO BLVD

City	State	Zip Code
ORANGE	CA	92869-1951

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

Name of Employer	Occupation
Optum Services, Inc	VP Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2112.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2119479239320

Amount of Each Receipt this Period

192.00

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

B. MARK C KNUTSON
Full Name (Last, First, Middle Initial)

Mailing Address 19312 FAIRHAVEN EXT

City	State	Zip Code
SANTA ANA	CA	92705-6310

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

Name of Employer	Occupation
Optum Services, Inc	VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2119480239320

Amount of Each Receipt this Period

30.00

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

C. SANDY M LUEDKE
Full Name (Last, First, Middle Initial)

Mailing Address 1208 COPRINUS DR

City	State	Zip Code
GREEN BAY	WI	54313-7286

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

Name of Employer	Occupation
UNITED HEALTHCARE SVS INC	IT Database Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2119482239320

Amount of Each Receipt this Period

30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 223
	<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. HEATHER M MACE-MEADOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119482539320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY S MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6318 DWANE AVENUE
 City SAN DIEGO State CA Zip Code 92120-3836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119483039320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CAROLYN L MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 WOODTACK COVE WAY
 City HENDERSON State NV Zip Code 89002-8294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation SB Dir Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119484839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT A NEURURER
 Full Name (Last, First, Middle Initial)
 Mailing Address 23822 VIA MONTE
 City COTO DE CAZA State CA Zip Code 92679-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119484939320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED HEALTHCARE SVS INC Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119485039320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED HEALTHCARE SVS INC Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119485239320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 223
	<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. WILLIAM H OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 SAINT MALO COURT
 City MARTINEZ State CA Zip Code 94553-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119485339320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. LYNDA A PAXSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 E GARNET PL
 City HIGHLANDS RANCH State CO Zip Code 80126-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED HEALTHCARE SVS INC Occupation Sr Field Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119485839320
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DIANA S PETE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9010 MORNINGSTAR DRIVE
 City SUGAR LAND State TX Zip Code 77479-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Utilization Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119486339320
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	94.00
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 44 OF 223
	<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. MICHELLE LYNN PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1128 COUNTRYSIDE DR
 City DE PERE State WI Zip Code 54115-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119486439320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. AUSTIN T PITTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 LOCH RIDGE DRIVE
 City GREENSBORO State NC Zip Code 27408-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2970.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119486739320
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

C. CYNTHIA L POLICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 E VIA PALOMITA
 City TUCSON State AZ Zip Code 85718-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2119486839320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 45 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES E PROCHNOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 RUSTIC OAK DRIVE
 City State Zip Code
 LUXEMBURG WI 54217-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119487239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. SHARON A RICCIUTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 PERENNIAL
 City State Zip Code
 IRVINE CA 92603-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119487939320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. DEBBIE E ROGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 DOE RUN RD
 City State Zip Code
 SEQUIM WA 98382-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNITED HEALTHCARE SVS INC Sr Proj Mgr I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119488639320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.08
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CAROL A SCACCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 14848 LANDERWOOD DR
 City EASTVALE State CA Zip Code 92880-3992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED HEALTHCARE SVS INC Occupation Bus Dvlp Ana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119489339320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. MARTIN SING
 Full Name (Last, First, Middle Initial)
 Mailing Address 9407 LLANO VERDE
 City HELOTES State TX Zip Code 78023-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119490139320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. RONALD R STETTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11527 TRAILS END RD
 City LEANDER State TX Zip Code 78641-5813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119490439320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARILYNN D STYERS		Date of Receipt
Mailing Address 8027 LAKERIDGE DR SE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
LACEY	WA	98503-4129
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119490739320
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Med Clin Ops	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) B. CHERYL TANIGAWA MD		Date of Receipt
Mailing Address 5598 NAPLES CANAL		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
LONG BEACH	CA	90803-4018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119491139320
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Entrprs Hlth Svs	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$96.15 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1826.85"/>	

Full Name (Last, First, Middle Initial) C. CHERYL A THOMSON		Date of Receipt
Mailing Address 222 FOREST DR		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
SOBIESKI	WI	54171-9748
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119491639320
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Compli	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="262.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 223
	<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. STEVEN M TUCKER
Full Name (Last, First, Middle Initial)

Mailing Address 12331 COUNTRY LANE

City SANTA ANA State CA Zip Code 92705-3330

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

Name of Employer Optum Services, Inc Occupation VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2112.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2119492039320

Amount of Each Receipt this Period
192.00

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

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

Mailing Address N2249 NICOLE COURT

City KAUKAUNA State WI Zip Code 54130-9462

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2119492639320

Amount of Each Receipt this Period
80.00

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

C. SCOTT B WESTPHAL
Full Name (Last, First, Middle Initial)

Mailing Address 4536 ROCKY RUN LN

City OCONTO State WI Zip Code 54153-9268

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.88**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2119493239320

Amount of Each Receipt this Period
23.08

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

SUBTOTAL of Receipts This Page (optional)..... **295.08**

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

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

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

FOR LINE NUMBER: PAGE 49 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119493539320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GREGORY WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 13901 MAUVE DRIVE
 City SANTA ANA State CA Zip Code 92705-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119494139320
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. GEORGE M YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 36296 N 98TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2119494439320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 223
	<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. STEVEN C YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code
PARKER CO 80138-3064

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

Name of Employer Occupation
UNITED HEALTHCARE SVS INC SB Acct Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2119494539320

Amount of Each Receipt this Period
200.00

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

B. JOHN TYLER J MASON
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2083

City State Zip Code
CYPRESS CA 90630-1583

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

Name of Employer Occupation
United HealthCare Services Inc VP Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2126373839320

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 380 LEAF STREET

City State Zip Code
ORONO MN 55356-9733

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2133132439320

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 604.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 223
	<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. WILLIAM R COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 RATLEY ROAD
 City WEST SUFFIELD State CT Zip Code 06093-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133132539320
 Amount of Each Receipt this Period 24.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. DANIEL M CUMMINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1929 FAIRMOUNT AVE
 City SAINT PAUL State MN Zip Code 55105-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133132639320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. BROR O HULTGREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133133239320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	246.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ALLEN D MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 CRESCENT DRIVE
 City State Zip Code
 EDINA MN 55436-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Regn Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133133639320
 Amount of Each Receipt this Period
 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. SUSAN C MORISATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 ARDMORE ROAD
 City State Zip Code
 DES PLAINES IL 60016-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Pres Insurance Sols
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133133839320
 Amount of Each Receipt this Period
 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. KIMBERLY ALLENE NETTLETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5003 DARNELL
 City State Zip Code
 HOUSTON TX 77096-1510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Prod
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133133939320
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 223
	<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. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City State Zip Code
 MINNEAPOLIS MN 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Fin Plng Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133134239320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIANE M SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City State Zip Code
 KINGWOOD TX 77339-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133134639320
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ANITA W SHIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7729 KENSINGTON MANOR LANE
 City State Zip Code
 WAKE FOREST NC 27587-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2133134739320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 223
	<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. DANIEL M COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9790 FOXWORTH DRIVE
 City State Zip Code
 JOHNS CREEK GA 30022-6259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Bus Dvlp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2145728339320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City State Zip Code
 WESTERVILLE OH 43082-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2145728439320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. LEAH C RUMMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12100 TRAUTWEIN ROAD
 City State Zip Code
 AUSTIN TX 78737-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2145729539320
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 223
	<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. DANNETTE L SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 ALDEN DRIVE
 City EDINA State MN Zip Code 55416-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4246.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2145729939320
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. MARGARET W SPARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 26091 RED CORRAL ROAD
 City LAGUNA HILLS State CA Zip Code 92653-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2145730239320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. MARYNELL F BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 IRON WORKS WAY
 City WAYNE State PA Zip Code 19087-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2162866939320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	506.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID A SPIVACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2162867639320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. KURT C LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2203967539320
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

C. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.40

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225813639320
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 523.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 223
	<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. NANCY SUSAN CARRUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 753 WOOD HILL DRIVE
 City CHANHASSEN State MN Zip Code 55317-9561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225818439320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. MICHAEL MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 DRURY LANE
 City WYCKOFF State NJ Zip Code 07481-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225818839320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. ERIC S RANGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Chief Acctng Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225819339320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	491.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225819639320

Amount of Each Receipt this Period 115.38

P/R Deduction (\$57.69 Bi-Weekly)

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

Mailing Address 276 COYOTE WILLOW DRIVE

City COLORADO SPRINGS State CO Zip Code 80921-7631

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

Name of Employer Optum Services, Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1692.24

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2225819739320

Amount of Each Receipt this Period 153.84

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

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

Mailing Address 12642 CHIEFS COURT

City FISHERS State IN Zip Code 46037-9553

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2231346939320

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2247625839320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. SHANKAR RAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10622 EQUESTRIAN DR
 City COWAN HEIGHTS State CA Zip Code 92705-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2247626339320
 Amount of Each Receipt this Period 19.22
 P/R Deduction (\$9.61 Bi-Weekly)

C. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.40

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2247626839320
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KEVIN DAVID KANTOLA		Date of Receipt 10 / 31 / 2015 Transaction ID : PR2247627039320
Mailing Address 7031 HALSTEAD DRIVE		Amount of Each Receipt this Period 78.00
City MINNETRISTA	State MN	Zip Code 55364-3201
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation VP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 858.00	

Full Name (Last, First, Middle Initial) B. DENNIS P O'BRIEN		Date of Receipt 10 / 31 / 2015 Transaction ID : PR2247627339320
Mailing Address 61 LOUGHLIN AVE		Amount of Each Receipt this Period 192.30
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) C. JEFFERY RICHARD VERNEY		Date of Receipt 10 / 31 / 2015 Transaction ID : PR2247627439320
Mailing Address 266 WESTLEDGE ROAD		Amount of Each Receipt this Period 115.40
City WEST SIMSBURY	State CT	Zip Code 06092-2017
FEC ID number of contributing federal political committee. C		P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.40	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 223
	<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. SANJAY GARODIA
Full Name (Last, First, Middle Initial)

Mailing Address 110 COVINGTON COURT

City OAK BROOK State IL Zip Code 60523-2574

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

Name of Employer Optum Services, Inc Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2247627839320

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 8970 MOOR PARK RUN

City DULUTH State GA Zip Code 30097-6621

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2247628039320

Amount of Each Receipt this Period **192.30**

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

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

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391-1550

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

Name of Employer Optum Services, Inc Occupation Mkt Group COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2134.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2259738439320

Amount of Each Receipt this Period **194.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	463.22
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTOPHER L CRONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 COLORADO STREET
 SUITE 2399
 City AUSTIN State TX Zip Code 78701-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2270522939320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MJ FRASCINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 PIONEER DRIVE
 City ELLINGTON State CT Zip Code 06029-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2402316539320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DONALD D JACOBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 19495 VINE RIDGE ROAD
 City EXCELSIOR State MN Zip Code 55331-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2402317339320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 124.92
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 63 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ANGELA DAWN KEPLEY CARRIER
 Mailing Address 3219 PENINSULA DRIVE
 City State Zip Code
 JAMESTOWN NC 27282-8717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402317739320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARILYN LEVI-BAUMGARTEN
 Mailing Address 4800 W 27TH ST
 City State Zip Code
 SAINT LOUIS PARK MN 55416-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402317939320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAKE LOGAN
 Mailing Address 4826 EAST CALLE REDONDA
 City State Zip Code
 PHOENIX AZ 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402318239320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. STACY S MCGRATH
 Mailing Address 5801 CHOWEN AVE S
 City State Zip Code
 EDINA MN 55410-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Proj Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402318539320
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RICHARD W MOCKLER
 Mailing Address 1200 WESTERN AVE #1320
 City State Zip Code
 SEATTLE WA 98101-2958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Prod
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402318739320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ANDREA MORRISON DAVIS
 Mailing Address 2 LAKESHIRE COURT
 City State Zip Code
 OWINGS MILLS MD 21117-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Acct Mgt Cons Clnt Svc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402318939320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LYNN A ZEPP JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 22503 MAGNOLIA TRACE BOULEVARD
 City State Zip Code
 LUTZ FL 33549-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402320939320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402444439320
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. JAY M ANLIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 MOUNTAIN LANE
 City State Zip Code
 WAUSAU WI 54401-8543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc CEO TPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402445039320
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 223
	<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. JAMES H BECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 378 FERNDALE ROAD WEST
 City WAYZATA State MN Zip Code 55391-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2402445139320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. JAMES C COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 WEST 66TH STREET
 City EDINA State MN Zip Code 55435-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Grp SVP, Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2402445239320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN L LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4246.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2402445639320
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	970.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 223
	<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. JOY O HIGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 ELM AVENUE
 City State Zip Code
 MANHATTAN BEACH CA 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Regl Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2402446239320
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. CORY ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4203 BRADLEY LANE
 City State Zip Code
 CHEVY CHASE MD 20815-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP External Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2405428839320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. KAREN ANN SAELENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 N FLORENCE AVE
 City State Zip Code
 LITCHFIELD PARK AZ 85340-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Exec Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2408544839320
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	484.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 223
	(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. KATHLYN G WEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 46TH ST NW
 City WASHINGTON State DC Zip Code 20007-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP State Sls OptumI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2408545039320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY SEAN CORZINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9350 TRACEYTON DRIVE
 City DUBLIN State OH Zip Code 43017-9689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2437119739320
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. ANA T FUENTEVILLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4815 N CAMINO ESCUELA
 City TUCSON State AZ Zip Code 85718-5913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2437119839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 223
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6536 E GREYTHORN DRIVE

City State Zip Code
SCOTTSDALE AZ 85266-6761

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

Name of Employer Occupation
United HealthCare Services Inc Chief Growth Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2437120039320

Amount of Each Receipt this Period
76.92

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

B. RITA FAYE JOHNSON-MILLS
Full Name (Last, First, Middle Initial)

Mailing Address 235 GOVERNORS WAY

City State Zip Code
BRENTWOOD TN 37027-8931

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2437120139320

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 841 LAKE ROAD

City State Zip Code
BRADFORDWOODS PA 15015-1331

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

Name of Employer Occupation
Optum Services, Inc Deputy Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2437120439320

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	126.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 223
	<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. JACK S WEISS
Full Name (Last, First, Middle Initial)

Mailing Address 6245 NORTH 75 STREET

City State Zip Code
SCOTTSDALE AZ 85250-4621

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

Name of Employer Occupation
United HealthCare Services Inc Bus Seg Chief Med Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2437120539320

Amount of Each Receipt this Period
50.00

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

B. PAUL JOSEPH BALTHAZOR
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
BROOKLYN PARK MN 55443-1754

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2437120739320

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2437121539320

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	248.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS State MN Zip Code 55118-4137

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

Name of Employer United HealthCare Services Inc Occupation VP Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2437121639320

Amount of Each Receipt this Period
 384.60

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

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

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS State MN Zip Code 55410-1857

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

Name of Employer United HealthCare Services Inc Occupation VP Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2437127539320

Amount of Each Receipt this Period
 230.00

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

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

Mailing Address UNIT 9600 BOX 2

City DPO State AP Zip Code 96209-0002

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

Name of Employer United HealthCare Services Inc Occupation VP External Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2439928039320

Amount of Each Receipt this Period
 384.62

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

SUBTOTAL of Receipts This Page (optional).....	999.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 223
	<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. STEPHEN M HEYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 SHERRILL AVENUE
 City State Zip Code
 CHEVY CHASE MD 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2444265739320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DONALD S LANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 OAK RAMBLING DRIVE
 City State Zip Code
 KATY TX 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2445015439320
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. NANCY A LIND
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 NORTHVIEW LANE
 City State Zip Code
 CEDAR FALLS IA 50613-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2445016239320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 223
	<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. AMY R ADLINGTON SHKABERIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4329 EWING AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2445016439320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. LENYS M ALCOREZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 SANTA FE COURT
 City VIRGINIA BEACH State VA Zip Code 23456-6744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Sls Mktg C S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2445016839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DAVID B SIEGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 LAKEWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1003.86

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2445017139320
 Amount of Each Receipt this Period 91.26
 P/R Deduction (\$45.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	303.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. EILEEN J LIVERANI
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481-5400

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **609.40**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2460167239320

Amount of Each Receipt this Period **55.40**

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

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

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2460167339320

Amount of Each Receipt this Period **40.00**

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

C. JUNE THIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 6245 WAKEFIELD COURT

City SHAKOPEE State MN Zip Code 55379-7091

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

Name of Employer Optum Services, Inc Occupation SVP Human Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **303.60**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2460167539320

Amount of Each Receipt this Period **27.60**

P/R Deduction (\$13.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	123.00
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 75 OF 223
	<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. LARRY C RENFRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DOVE LANE
 City ANDOVER State MA Zip Code 01810-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VICE CHAIRMAN & CEO Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2460168139320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. DAVID B ORBUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2460168239320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. ERIC J WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 704.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2463723139320
 Amount of Each Receipt this Period 64.00
 P/R Deduction (\$32.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	640.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. SUE SCHICK

Mailing Address 1220 DENBIGH LANE

City WAYNE State PA Zip Code 19087-4644

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

Name of Employer United HealthCare Services Inc Occupation Chief Growth Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2480620539320

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
B. CHRISTOPHER MARK ABBOTT

Mailing Address W154N6076 HICKORY HOLLOW CT

City MENOMONEE FALLS State WI Zip Code 53051-5891

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2484541539320

Amount of Each Receipt this Period
28.00

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

Full Name (Last, First, Middle Initial)
C. MATTHEW A BURNS

Mailing Address 2724 BISON DRIVE

City EDMOND State OK Zip Code 73034-3475

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

Name of Employer United HealthCare Services Inc Occupation VP Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2484541739320

Amount of Each Receipt this Period
47.60

P/R Deduction (\$23.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	460.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 223
	<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. LILLIAN HECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2484542139320

Amount of Each Receipt this Period 60.00

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

B. MARK A PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317-7661

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

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2484542639320

Amount of Each Receipt this Period 192.30

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

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

Mailing Address 270 RAVENSCLIFF RD

City SAINT DAVIDS State PA Zip Code 19087-4732

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2484542839320

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 272.30

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

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

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

FOR LINE NUMBER: PAGE 78 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City State Zip Code
 CINCINNATI OH 45255-3932

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

Name of Employer Occupation
 United HealthCare Services Inc VP Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2486697839320

Amount of Each Receipt this Period
 384.60

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

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

Mailing Address 3760 WEST CALHOUN PARKWAY

City State Zip Code
 MINNEAPOLIS MN 55410-1118

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

Name of Employer Occupation
 United HealthCare Services Inc VP Capital Mkt Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2486697939320

Amount of Each Receipt this Period
 80.00

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

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

Mailing Address 60 WILDHURST ROAD

City State Zip Code
 EXCELSIOR MN 55331-8461

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

Name of Employer Occupation
 United HealthCare Services Inc EVP ENTRPRS OPS/TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2491457039320

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 664.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 275 GREENWICH STREET #30

City NEW YORK	State NY	Zip Code 10007-2150
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2491457339320

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611-7435
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO E&I Regions
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2134.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2491457539320

Amount of Each Receipt this Period
194.00

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

C. MARTIN C TOOMB
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801-1605
---------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2538641539320

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	608.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 223
	<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. KARA V SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 CRESTWOOD DRIVE
 City ALEXANDRIA State VA Zip Code 22302-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2540175339320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. HYLLIUS R EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 S VINE STREET
 City DENVER State CO Zip Code 80210-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHC International Services Inc Occupation External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2541300439320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. PATRICIA A PURDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 LYNNHURST STREET
 City CHEVY CHASE State MD Zip Code 20815-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2159.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2541300639320
 Amount of Each Receipt this Period 196.30
 P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	680.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOELLE M TIERNEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 5710 TAYCHOPERA RD		Transaction ID : PR2541300739320
City MADISON	State WI	Zip Code 53705-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	

Full Name (Last, First, Middle Initial) B. JOHN VERSAGGI		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 800 ALBANY AVENUE		Transaction ID : PR2541300839320
City ALEXANDRIA	State VA	Zip Code 22302-3501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.32
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs	P/R Deduction (\$96.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.52	

Full Name (Last, First, Middle Initial) C. BRENDAN HOSTETLER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 2309 W WINNEMAC AVE		Transaction ID : PR2542541939320
City CHICAGO	State IL	Zip Code 60625-1817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer United HealthCare Services Inc	Occupation Govt Affs Dir	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional).....▶	329.24
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RICHARD E RAMSAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2542542239320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. IPYANA SPENCER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4226 40TH STREET NORTH
 City ARLINGTON State VA Zip Code 22207-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2542542339320
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. ANNE YAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 WOODLAND DRIVE
 City SILVER SPRING State MD Zip Code 20902-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 829.14

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2543582539320
 Amount of Each Receipt this Period 85.46
 P/R Deduction (\$42.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.46
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 83 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CHANTA G COMBS
 Mailing Address 4229 SUMMERTREE DRIVE
 City State Zip Code
 TALLAHASSEE FL 32311-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Govt Affs Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2552313539320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEANNE M PACE
 Mailing Address 458 MORENO ROAD
 City State Zip Code
 WYNNEWOOD PA 19096-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Sr Acct Exe
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2552313739320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JEFFREY D ALTER
 Mailing Address 3 WOODLAND ROAD
 City State Zip Code
 PORT JEFFERSON NY 11777-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2552960239320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 539.52
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS A BLOCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 PATTI LYNN LANE
 City HOUSTON State TX Zip Code 77024-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552960739320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. KEVIN BROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2750 FOUNTAIN LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552961039320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MARK A BRUNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 VERMILION CLIFFS
 City ALISO VIEJO State CA Zip Code 92656-8096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Clint Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552961239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 223
	<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. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552961339320
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. MICHAEL T COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 LACEBARK PINE STREET
 City LAS VEGAS State NV Zip Code 89129-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Medical Assoc. Inc. Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552961439320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MICHAEL A EHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552962239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.00
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 86 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. SCOTT F FLANNERY

Mailing Address 8508 TRELADY CT

City PLANO State TX Zip Code 75024-6827

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

Name of Employer United HealthCare Services Inc Occupation Regn Growth Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552962339320

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. WILLIAM W GWINN JR

Mailing Address 9302 CENTURY OAK COURT

City BRENTWOOD State TN Zip Code 37027-3321

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

Name of Employer Optum Services, Inc Occupation Dir Proj Rsch Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552962639320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLAIRE L HANNAN

Mailing Address 25932 PORTAFINO DRIVE

City MISSION VIEJO State CA Zip Code 92691-5716

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552962739320

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **184.08**

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

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

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

FOR LINE NUMBER: PAGE 87 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. GREGORY J JAMES

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code
 LARGO FL 33774-1009

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

Name of Employer Occupation
 Optum Services, Inc Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552963239320

Amount of Each Receipt this Period
 192.30

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

Full Name (Last, First, Middle Initial)
B. NARASIMHAN KIDAMBI

Mailing Address 18477 85TH AVE N

City State Zip Code
 MAPLE GROVE MN 55311-1663

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Bus Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552963839320

Amount of Each Receipt this Period
 40.00

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

Full Name (Last, First, Middle Initial)
C. KENNETH G LANTER

Mailing Address 140 WILLING WAY

City State Zip Code
 TROY IL 62294-1287

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

Name of Employer Occupation
 United HealthCare Services Inc KA Dir Sls Producing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2552964039320

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552964439320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MICHELLE MARTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203-5502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552964739320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARL A MATTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 539 ROUTE 9P
 City SARATOGA SPRINGS State NY Zip Code 12866-7279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552964839320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 223
	(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. MICHAEL D MORRIS
Full Name (Last, First, Middle Initial)

Mailing Address 2624 N HARTLAND COURT

City CHICAGO	State IL	Zip Code 60614-4955
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA Dir Acct Mgmt
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2552965039320

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

B. LESLIE K PAULUS
Full Name (Last, First, Middle Initial)

Mailing Address 305 E TUCKEY LN

City PHOENIX	State AZ	Zip Code 85012-1048
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2552965239320

Amount of Each Receipt this Period

28.00

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

C. GARY W PEKA
Full Name (Last, First, Middle Initial)

Mailing Address 8350 CRABAPPLE COURT

City VICTORIA	State MN	Zip Code 55386-8200
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Six Sigma Cnslt
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2552965339320

Amount of Each Receipt this Period

28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	86.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DONALD W POTTER JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 FULLER LANE
 City WINNETKA State IL Zip Code 60093-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552965439320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KRISTINE G SAMSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484-5835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552965739320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. BARRY R STREIT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 KELLOGG AVENUE
 City EDINA State MN Zip Code 55424-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2552966739320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 223
	<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. ANN R TINKER
Full Name (Last, First, Middle Initial)

Mailing Address 530 HUNTER FLAT STREET

City LAS VEGAS State NV Zip Code 89138-1110

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Compli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2552966839320

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 534 WAYZATA BLVD E

City WAYZATA State MN Zip Code 55391-1727

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

Name of Employer United HealthCare Services Inc Occupation VP Prd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2552966939320

Amount of Each Receipt this Period
28.00

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

C. AARON C WACKER
Full Name (Last, First, Middle Initial)

Mailing Address 4704 CAVAN ROAD

City MOUND State MN Zip Code 55364-1877

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

Name of Employer Optum Services, Inc Occupation Dir Apps Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2552967039320

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... **84.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 223
	<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. GRETTA R WOODINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10555 GARDEN ROSE DRIVE
 City LAS VEGAS State NV Zip Code 89135-2836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIERRA HOME MED PRODUCTS INC Occupation Pharmc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2552967239320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. SCOTT A NAASZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 14327 BLUEBIRD TRAIL NE
 City PRIOR LAKE State MN Zip Code 55372-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Cust Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2553474739320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MONICA L RAYBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5127 JACKSON PONDS CT
 City SUGAR LAND State TX Zip Code 77479-4656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2553475139320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 223
	<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. ANDREW J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROSEWOOD DRIVE

City ATLANTA State GA Zip Code 30306-3554

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

Name of Employer Optum Services, Inc Occupation Bus Adv/Tech Cnslt Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2553475339320

Amount of Each Receipt this Period **28.00**

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

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-1151

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2134.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2553475439320

Amount of Each Receipt this Period **194.00**

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

C. DENEEN VOJTA
Full Name (Last, First, Middle Initial)

Mailing Address 5201 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1304

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Initiv Clin Aff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4246.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2553475539320

Amount of Each Receipt this Period **386.00**

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

SUBTOTAL of Receipts This Page (optional)..... **608.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 223
	<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. DANIEL J ZERAF A
 Full Name (Last, First, Middle Initial)
 Mailing Address 61234 ADMIRAL DRIVE
 City WASHINGTON TOWNSHIP State MI Zip Code 48094-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2553475739320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. COLLEEN C COHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 17402 SAINT THERESA DRIVE
 City OLNEY State MD Zip Code 20832-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2554012739320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. SHELLY A ESPINOSA
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 EXCELSIOR BLVD #209
 City EXCELSIOR State MN Zip Code 55331-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Found/Social Resp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2554012939320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 223
	<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. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2554013039320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PATRICK J MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2554013139320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS W MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sls Dir Care Mgmt & Del
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2554013239320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 223
	<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. GREGORY D REIDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5251 MCGAVOCK RD
 City BRENTWOOD State TN Zip Code 37027-5197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2554013339320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ALICE C FERREIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 BRITTANY AVENUE
 City TRUMBULL State CT Zip Code 06611-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2554208139320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. ASIR U AHMAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 HILLWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064039320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	132.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 223
	<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. JOY L ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5116 NORTH TIOGA WAY
 City LAS VEGAS State NV Zip Code 89149-5830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064139320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JIM L BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 PINE TIP ROAD
 City TALLAHASSEE State FL Zip Code 32312-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2134.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064439320
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS K COY
Full Name (Last, First, Middle Initial)
Mailing Address 6970 SUZANNE COURT
City SCHENECTADY State NY Zip Code 12303-5285
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064539320
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

B. PAULA A GAZELEY
Full Name (Last, First, Middle Initial)
Mailing Address 36 MAYFAIR ROAD
City WYNANTSKILL State NY Zip Code 12198-8018
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation VP Regn Pharm Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064839320
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. DONALD J GIANCURSIO
Full Name (Last, First, Middle Initial)
Mailing Address 72 MIDNIGHT RIDGE DR
City LAS VEGAS State NV Zip Code 89135-1680
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4246.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560064939320
Amount of Each Receipt this Period 386.00
P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 434.00
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 99 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JERI L JONES
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2560065139320

Amount of Each Receipt this Period
 192.30

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

B. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2134.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2560065439320

Amount of Each Receipt this Period
 194.00

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

C. JEFFREY D LUCHT
Full Name (Last, First, Middle Initial)

Mailing Address 33 FOUR SEASONS DR

City ALTON State NH Zip Code 03809-4872

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2134.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2560065639320

Amount of Each Receipt this Period
 194.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEVIN MICHAEL MARONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5052 NORMAN DRIVE
 City MINNETONKA State MN Zip Code 55345-4636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560065739320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DONALD G MELNYK
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 MONROE STREET
 City GARFIELD State NJ Zip Code 07026-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT Architecture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.08

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560065939320
 Amount of Each Receipt this Period 28.28
 P/R Deduction (\$14.14 Bi-Weekly)

C. DAVID MILICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560066039320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. WILLIAM B O'BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 22191 WESTCLIFF
 City MISSION VIEJO State CA Zip Code 92692-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560066139320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. RICHARD A PERRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3161 EMERALD VALLEY ROAD
 City ELLICOTT CITY State MD Zip Code 21042-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560066239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DONALD G ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 LANTERN LANE
 City MAYNARD State MA Zip Code 01754-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir of AM producing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2560066539320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 223
	<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. DENISE VAIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CLEVELAND AVENUE
 City SAYVILLE State NY Zip Code 11782-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2560066839320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DEBRA COLLEEN DATTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 A STREET SE
 City WASHINGTON State DC Zip Code 20003-1524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2560398039320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. KRISTA J DICKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2533 ONYX DRIVE
 City SHAKOPEE State MN Zip Code 55379-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2560398139320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 223
	<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. GEORGE N KOREAN
Full Name (Last, First, Middle Initial)

Mailing Address 6 VERANO

City State Zip Code
FOOTHILL RANCH CA 92610-1827

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

Name of Employer Occupation
United HealthCare Services Inc Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2560398539320

Amount of Each Receipt this Period
28.00

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

B. GARY MURRAY
Full Name (Last, First, Middle Initial)

Mailing Address 13093 GROUSE POINTE COVE

City State Zip Code
DRAPER UT 84020-8258

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

Name of Employer Occupation
Optum Services, Inc Dir Bus Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2560398739320

Amount of Each Receipt this Period
20.00

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

C. TIMOTHY J NOEL
Full Name (Last, First, Middle Initial)

Mailing Address 4316 FREMONT AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55409-1721

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

Name of Employer Occupation
United HealthCare Services Inc SVP Prd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2560398839320

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional).....▶	240.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. MARIE A PERO

Mailing Address 516 APPLE LANE

City HARLEYSVILLE State PA Zip Code 19438-2549

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2560821539320

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
B. BRIAN W LUND

Mailing Address 464 EAST NORTH AVE

City GRANTSBURG State WI Zip Code 54840-7423

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

Name of Employer United HealthCare Services Inc Occupation Dir Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2561457639320

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
C. LARRY W CAVANAUGH

Mailing Address 520 NE 20TH ST # 1010

City WILTON MANORS State FL Zip Code 33305-2162

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

Name of Employer DENTAL BENEFIT PROV INC Occupation Spc Ben Govt Dntl Sls Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2563211039320

Amount of Each Receipt this Period
 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 223
	<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. JACQULYN M BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 112 TH COURT WEST
 City State Zip Code
 INVER GROVE HEIGHTS MN 55077-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2563211239320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE M HUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 LITER COURT
 City State Zip Code
 ELLICOTT CITY MD 21042-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Assc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564296739320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City State Zip Code
 MINNEAPOLIS MN 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564297139320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	248.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City State Zip Code
 KATY TX 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564297339320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 FLEECE FLOWER COVE
 City State Zip Code
 AUSTIN TX 78735-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564297539320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. STEVEN C WALLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 538 QUAIL RIDGE LANE
 City State Zip Code
 SAINT ALBANS MO 63073-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564297639320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 232.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 223
	<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. ELLEN L DAMATO
Full Name (Last, First, Middle Initial)
Mailing Address 1300 DALHART DRIVE

City ALLEN	State TX	Zip Code 75013-5339
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Ntwk Contrctng
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2564802239320

Amount of Each Receipt this Period

28.00

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

B. JOSH A WILLSON
Full Name (Last, First, Middle Initial)
Mailing Address 201 ADAMS CT

City COLLEYVILLE	State TX	Zip Code 76034-6811
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Spc Ben KA SB RVP Sls
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2564802539320

Amount of Each Receipt this Period

28.00

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

C. CHRISTOPHER CHARLES CARLSON
Full Name (Last, First, Middle Initial)
Mailing Address 12910 OVERLOOK ROAD

City DAYTON	State MN	Zip Code 55327-9679
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2564802639320

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	96.00
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 109 OF 223
	<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. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City State Zip Code
 MAPLE GROVE MN 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Controller Mkt Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2134.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564802739320
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City State Zip Code
 LAKE MARY FL 32746-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564802939320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City State Zip Code
 LAYTONSVILLE MD 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP of Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564803239320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 110 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City State Zip Code
 FRANKLIN LAKES NJ 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564803339320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DARREN C MOQUIST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 NICOLLET MALL #507
 City State Zip Code
 MINNEAPOLIS MN 55403-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564803439320
 Amount of Each Receipt this Period
 192.32
 P/R Deduction (\$96.16 Bi-Weekly)

C. MARK BELLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 VAN WINKLE LN
 City State Zip Code
 AUSTIN TX 78739-1694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2564803539320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 298.32
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 223
	<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. LISA WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 6 VOLERRAN PATH LANE

City MISSOURI CITY State TX Zip Code 77459-1167

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2564803739320

Amount of Each Receipt this Period **28.00**

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

B. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City BROOKEVILLE State MD Zip Code 20833-3265

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

Name of Employer United HealthCare Services Inc Occupation SB VP Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2564803939320

Amount of Each Receipt this Period **78.00**

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

C. DEBRA J BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 3209 GALLERIA UNIT 1705

City EDINA State MN Zip Code 55435-2556

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

Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2134.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2564804039320

Amount of Each Receipt this Period **194.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 223
	<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. BARRY HOFER
Full Name (Last, First, Middle Initial)

Mailing Address 10464 SHELTER GROVE

City EDEN PRAIRIE	State MN	Zip Code 55347-4855
----------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP Fin
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2564804139320

Amount of Each Receipt this Period

28.00

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

B. TIMOTHY A WICKS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44518

City EDEN PRAIRIE	State MN	Zip Code 55344-1518
----------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Bus Segment CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2565448639320

Amount of Each Receipt this Period

76.92

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

C. DONNA M CRAIG
Full Name (Last, First, Middle Initial)

Mailing Address 10761 INDEPENDENCE WAY

City CARMEL	State IN	Zip Code 46032-9333
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2565448839320

Amount of Each Receipt this Period

28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	132.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THOMAS C KUNST
Full Name (Last, First, Middle Initial)
Mailing Address 4872 103RD STREET
City PLEASANT PRAIRIE State WI Zip Code 53158-6516
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2566302139320
Amount of Each Receipt this Period **28.08**
P/R Deduction (\$14.04 Bi-Weekly)

B. NEIL A MANSUKHANI
Full Name (Last, First, Middle Initial)
Mailing Address 4215 LAUREL RIDGE CIRCLE
City WESTON State FL Zip Code 33331-4012
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir PEO Sls
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **308.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2567129439320
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

C. DENISE V ZAMORE
Full Name (Last, First, Middle Initial)
Mailing Address 75 HOCKANUM BLVD APT 1011
City VERNON State CT Zip Code 06066-4063
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **308.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2567129539320
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **84.08**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 223
	<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. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5243 E DESERT PARK LANE
 City PARADISE VALLEY State AZ Zip Code 85253-3015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2568900539320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. CHRISTOPHER A PARRILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 WEXCROFT DRIVE
 City BRENTWOOD State TN Zip Code 37027-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2571778239320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. BRUCE E MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 18426 MAGENTA BAY
 City EDEN PRAIRIE State MN Zip Code 55347-1051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2571778339320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 347.22
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 115 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. DUSTIN HINTON

Mailing Address W132N6475 MARACH RD

City State Zip Code
 MENOMONEE FALLS WI 53051-6085

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2571978739320

Amount of Each Receipt this Period
 28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARCUS A ROBINSON

Mailing Address 590 SPENDER TRACE

City State Zip Code
 DUNWOODY GA 30350-5018

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

Name of Employer Occupation
 United HealthCare Services Inc VP Sales - Harken

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2572588939320

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. SHAUN R JACQUET

Mailing Address 4332 FOREST RIDGE DRIVE

City State Zip Code
 SUAMICO WI 54313-8557

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2572589339320

Amount of Each Receipt this Period
 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS E SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1502 EAST AVENUE NORTH

City ONALASKA State WI Zip Code 54650-7003

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2572589539320

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 4511 BROWDALE AVENUE

City EDINA State MN Zip Code 55424-1142

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2572590039320

Amount of Each Receipt this Period
78.00

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

C. CHARLES WACKER
Full Name (Last, First, Middle Initial)

Mailing Address 2747 WEST VIEW DRIVE

City NEW PRAGUE State MN Zip Code 56071-8989

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

Name of Employer Optum Services, Inc Occupation Sr Mkt Sls Exec Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2572590139320

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 223
	<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. JOANNE M BECK
Full Name (Last, First, Middle Initial)

Mailing Address 3200 N LAKE SHORE DR
UNIT 2306

City CHICAGO State IL Zip Code 60657-3929

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.75

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2572590339320

Amount of Each Receipt this Period
81.10

P/R Deduction (\$40.55 Bi-Weekly)

B. CHRISTINE OBRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 764 TOPAZ STREET

City NEW ORLEANS State LA Zip Code 70124-3624

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2572590639320

Amount of Each Receipt this Period
28.00

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

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

Mailing Address 1820 ROSEDALE

City EDMOND State OK Zip Code 73013-6638

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

Name of Employer Optum Services, Inc Occupation Mgr Pharm Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2572590739320

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 139.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS RAMSEY CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7131 E RANCHO VISTA DRIVE
 UNIT 3003
 City State Zip Code
 SCOTTSDALE AZ 85251-1463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Sr Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2572590939320
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. KIMBERLEY S MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 CELONOVA PLACE
 City State Zip Code
 Foothill Ranch CA 92610-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2572591239320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City State Zip Code
 Bolingbrook IL 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2134.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2572992739320
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 223
	<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. PATRICK G QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15972 WETHERBURN RD
 City CHESTERFIELD State MO Zip Code 63017-7341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2573518739320
 Amount of Each Receipt this Period 19.24
 P/R Deduction (\$9.62 Bi-Weekly)

B. DARYL P RICHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 WEST RIDGE DRIVE
 City WEST HARTFORD State CT Zip Code 06117-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2574979039320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. LESLIE C HARE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2574979439320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	75.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 223
	<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. HEATHER R CIANFROCCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 WEST BARDONNER ROAD
 City GIBSONIA State PA Zip Code 15044-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2574986239320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. JAMIE BURNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2574988239320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. SHELONDA AGEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6317 BUNKER DRIVE
 City LOCUST GROVE State GA Zip Code 30248-7065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2574997639320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 290.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 223
	<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. HEIDI S KEMMER
Full Name (Last, First, Middle Initial)

Mailing Address 2211 WEST ROCKROSE PLACE

City CHANDLER State AZ Zip Code 85248-4208

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.08**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575021339320

Amount of Each Receipt this Period **28.28**

P/R Deduction (\$14.14 Bi-Weekly)

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

Mailing Address 12827 MACBETH FARM LANE

City CLARKSVILLE State MD Zip Code 21029-1556

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

Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1973.55**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575025239320

Amount of Each Receipt this Period **263.14**

P/R Deduction (\$131.57 Bi-Weekly)

C. LORI A VAN HOLMES
Full Name (Last, First, Middle Initial)

Mailing Address 4117 BRYANT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55409-1423

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

Name of Employer United HealthCare Services Inc Occupation VP Human Capital Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2134.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575030939320

Amount of Each Receipt this Period **194.00**

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

SUBTOTAL of Receipts This Page (optional)..... **485.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 223
	<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. JENNIFER M O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4371 BENT TREE LANE
 City EAGAN State MN Zip Code 55123-3054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Compli Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575034539320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. JEFFREY L MADDOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 5708 SOUTHWESTERN BLVD
 City DALLAS State TX Zip Code 75209-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575039539320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JULENE D DONNAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 17763 OAKLAND DRIVE NE
 City HAM LAKE State MN Zip Code 55304-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Sourcing Prcrmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575046239320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	440.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. VIVIAN M LINDSAY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 14930 SW 39 ST		Transaction ID : PR2575054939320
City DAVIE	State FL	Zip Code 33331-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation SVP Ops	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) B. CARY J MCCARTY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 8800 RUMFIELD RD		Transaction ID : PR2575059439320
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 858.00	

Full Name (Last, First, Middle Initial) C. MARK T ALLEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 11359 ENTREVAUX DRIVE		Transaction ID : PR2575060239320
City EDEN PRAIRIE	State MN	Zip Code 55347-2862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation VP Gen 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 ▼ 308.00	

SUBTOTAL of Receipts This Page (optional).....▶	298.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 223
	<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. SANDRA B NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12706 YOUNG LANE
 City NORTH POTOMAC State MD Zip Code 20878-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575074539320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. RALPH B BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address W155 N5314 SHARPTAIL COURT
 City MENOMONEE FALLS State WI Zip Code 53051-6771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575074939320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. DEBRA K BURNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 VORTEX AVE
 City HENDERSON State NV Zip Code 89002-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Medical Assoc. Inc. Occupation Dir Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575076239320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	248.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KAREN A UPCHURCH		Date of Receipt
Mailing Address 5780 VICTORIA CT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTERVILLE	OH	43082-8680
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575084439320
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Comm	<input type="text" value="76.92"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="846.12"/>	

Full Name (Last, First, Middle Initial) B. GLEN J GOLEMI		Date of Receipt
Mailing Address 1203 RUE DEGAS		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
MANDEVILLE	LA	70471-3059
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575098839320
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Hlth Plan CEO	<input type="text" value="76.92"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="846.12"/>	

Full Name (Last, First, Middle Initial) C. CHARLES JACOBY		Date of Receipt
Mailing Address 3315 IRVING AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
MINNEAPOLIS	MN	55408-3321
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575099239320
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	Dir IT	<input type="text" value="32.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$16.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="352.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="185.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PHEBE M CHAMPION
Full Name (Last, First, Middle Initial)

Mailing Address 34 REYBURN DRIVE

City HENDERSON State NV Zip Code 89074-2760

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

Name of Employer Health Plan of Nevada Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575108339320

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 2 PLOWBOY PATH

City COMMACK State NY Zip Code 11725-1410

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

Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575122239320

Amount of Each Receipt this Period **28.00**

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

C. ZOE C HUNT
Full Name (Last, First, Middle Initial)

Mailing Address 4030 SERANGO COURT

City WEST LINN State OR Zip Code 97068-2840

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

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575136239320

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	106.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 127 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEAN MCGANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VILLAGE ROAD
 City FLORHAM PARK State NJ Zip Code 07932-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575146939320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. KELLY L BEECHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7640 CURIOSITY AVE
 City LAS VEGAS State NV Zip Code 89131-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575161139320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. RON JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 10066 ESCAMBIA BAY CT
 City NAPLES State FL Zip Code 34120-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum360 Services Inc Occupation SVP Clint Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575163539320
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 306.16
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT G CASSANO
Full Name (Last, First, Middle Initial)

Mailing Address 4855 BUCKHORN BUTTE COURT

City	State	Zip Code
LAS VEGAS	NV	89149-5258

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

Name of Employer	Occupation
Health Plan of Nevada	Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575164439320

Amount of Each Receipt this Period

200.00

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

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

Mailing Address 3109 SHADY SPRINGS DRIVE

City	State	Zip Code
LOUISVILLE	KY	40299-4575

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

Name of Employer	Occupation
United HealthCare Services Inc	PS Sr Sls Exe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575180739320

Amount of Each Receipt this Period

38.46

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

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

Mailing Address 6741 EAST SHADOW LAKE DRIVE

City	State	Zip Code
CIRCLE PINES	MN	55014-1348

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

Name of Employer	Occupation
Optum Services, Inc	Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575181639320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	266.54
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 129 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS J MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 CUMBERLAND ROAD
 City WEST HARTFORD State CT Zip Code 06119-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575185439320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. KRISTIN MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3021 ROSEDALE AVENUE
 City DALLAS State TX Zip Code 75205-1451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575194439320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MICHAEL PATRICK STAMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 MOSSY GLEN DR
 City FORT MYERS State FL Zip Code 33908-4771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575194639320
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 300.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 OF 223
	(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. MITCHELL W GRANBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 GALWAY DRIVE
 City EDINA State MN Zip Code 55439-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575196139320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. PETER J MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7091 HIGHOVER DRIVE
 City CHANHASSEN State MN Zip Code 55317-7572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575213639320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. MATTHEW MACKINNON SHORS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575222339320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.38
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 223
	<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. ANDREW C SEKEL
Full Name (Last, First, Middle Initial)

Mailing Address 6010 LONESOME VALLEY TRAIL

City AUSTIN	State TX	Zip Code 78731-3749
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Optum Exec
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1692.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575223739320

Amount of Each Receipt this Period
153.84

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

B. HOWARD CHARLES GILPIN JR
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL	State PA	Zip Code 19422-3481
-------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Act Cnslt
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
858.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575224939320

Amount of Each Receipt this Period
78.00

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

C. DONALD R REILLY
Full Name (Last, First, Middle Initial)

Mailing Address 5 LEGHORN LANE

City CROMWELL	State CT	Zip Code 06416-1671
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575225339320

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	251.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 223
	<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. KATHLEEN M CADMUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7760 HAWTHORN TRL NW
 City WALKER State MN Zip Code 56484-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575230439320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. SUSAN A KIRKPATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 STERLING STREET
 City LANCASTER State MA Zip Code 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575233639320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS G RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 GROOMSBRIDGE ROAD
 City JOHNS CREEK State GA Zip Code 30022-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Empl Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575238639320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 223
	<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. JOANNE M SHUEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2694 WEST CREEK DRIVE
 City FRISCO State TX Zip Code 75033-4759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575241639320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. THOMAS C CHOATE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8749 THE ESPLANADE UNIT #10
 City ORLANDO State FL Zip Code 32836-7733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575247839320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. TIMOTHY H DIMARTINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 49605 KEYCOVE ST
 City CHESTERFIELD State MI Zip Code 48047-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575248139320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT A BROOMFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12501 WEST 156TH STREET
 City OVERLAND PARK State KS Zip Code 66221-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation UHC SIs RVP KA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575260439320
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. TERRY R JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 11856 NW 12TH MANOR
 City CORAL SPRINGS State FL Zip Code 33071-5035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575279239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. SAMANTHA MARCARIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2117 CAMP INDIANHEAD ROAD
 City LAND O LAKES State FL Zip Code 34639-5268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575287839320
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	80.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN J ESSLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 4944 W 151ST TERRACE

City LEAWOOD State KS Zip Code 66224-9744

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575288939320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

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

Name of Employer United HealthCare Services Inc Occupation SVP Innovation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4230.60**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575295139320

Amount of Each Receipt this Period **384.60**

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

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

Mailing Address 450 EDGEWOOD AVE

City WESTFIELD State NJ Zip Code 07090-4353

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575296839320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	440.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 223
	<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. MARY R MCELRATH-JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 AMHERST DRIVE
 City NEW ROCHELLE State NY Zip Code 10804-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575302139320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. ROBERT CHARLES HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 OCEAN DRIVE
 City SEABROOK State NH Zip Code 03874-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mgr Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575304239320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. BRANDON E CUEVAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 STRATHMORE
 City LADERA RANCH State CA Zip Code 92694-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575305639320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	248.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 223
	<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. BRADLEY W HUNT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6636 W SHORE DR
 City EDINA State MN Zip Code 55435-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.15

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575310439320
 Amount of Each Receipt this Period 38.42
 P/R Deduction (\$19.21 Bi-Weekly)

B. BRADLEY S TINNERMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 HICKORY SHOALS RD
 City MARIETTA State GA Zip Code 30064-1182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum360 Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575311039320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. JAN T GRIMM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 WEST 85TH STREET
 City LEAWOOD State KS Zip Code 66206-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mkt Sls SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575314839320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	94.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 223
	<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. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **858.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2575326939320
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL SIMONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 SCALIA COURT
 City HAMILTON State NJ Zip Code 08690-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2575346739320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

C. PATRICK R IMDIEKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 15900 WHITE PINE DRIVE
 City WAYZATA State MN Zip Code 55391-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2575347939320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. STEVE MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 W 71ST TERRACE
 City KANSAS CITY State MO Zip Code 64114-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575374839320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. KATHLEEN A DOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3184 MULLIGAN LANE
 City CHASKA State MN Zip Code 55318-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Sls Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575385139320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. YASMINE WINKLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1429 WEST WIGWAM TRAIL
 City MOUNT PROSPECT State IL Zip Code 60056-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575390939320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 141 OF 223
	<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. GREGORIO CORTEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 GASPAR BEND
 City CEDAR PARK State TX Zip Code 78613-4556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575394339320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LINDA LOUISE POST
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 JAYCOX ROAD
 City GALENA State OH Zip Code 43021-9530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575395239320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CHAD M WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 26850 MOUNT HILL ROAD
 City WELCH State MN Zip Code 55089-4472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575414939320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 223
	<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. CAROL GOTHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16492 BROOKLANE BOULEVARD
 City NORTHVILLE State MI Zip Code 48168-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575419139320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. JERI L LOSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9995 DELL ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575419839320
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. KARIN R O'HARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575428739320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	353.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 223
	<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. TIMOTHY M SPILKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 MOHAWK LANE
 City LEAWOOD State KS Zip Code 66206-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575446339320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. MILLA HAUTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 SYCAMORE CIRCLE
 City PLYMOUTH State MN Zip Code 55441-5667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575447139320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. ROBERT E BOOKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16632 HANSON BLVD NW
 City ANDOVER State MN Zip Code 55304-2089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575447239320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 133.08
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 223
	<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. LOUIS FLOCCO
Full Name (Last, First, Middle Initial)
Mailing Address 7353 EAST SKYLINE DRIVE

City ORANGE	State CA	Zip Code 92867-6451
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Underwriting
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575448639320

Amount of Each Receipt this Period

28.00

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

B. THOMAS E GEHLBACH
Full Name (Last, First, Middle Initial)
Mailing Address 5460 YELLOWSTONE TRAIL

City MINNETRISTA	State MN	Zip Code 55331-9193
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575448839320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. THOMAS C BARTHEL
Full Name (Last, First, Middle Initial)
Mailing Address 9713 HEMLOCK LANE NORTH

City MAPLE GROVE	State MN	Zip Code 55369-3665
---------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir IT
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575484339320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN M HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 STELLA GOLD
 City BUDA State TX Zip Code 78610-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575489439320
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. CLINTON V WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 2647 N SOUTHPORT
 City CHICAGO State IL Zip Code 60614-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575490939320
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. DANIEL P MACLAUHLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 CENTRAL AVENUE
 City GLENSIDE State PA Zip Code 19038-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575492739320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	250.38
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MICHELE RAMIREZ

Mailing Address 37 CALAIS ROAD

City State Zip Code
 RANDOLPH NJ 07869-3531

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

Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2575502439320

Amount of Each Receipt this Period
 28.00

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

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

Mailing Address 5109 WEST 66TH ST

City State Zip Code
 EDINA MN 55439-1429

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2575502939320

Amount of Each Receipt this Period
 28.00

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

Full Name (Last, First, Middle Initial)
C. AMBER JIA WEBSTER

Mailing Address 2115 VALLEY ROAD

City State Zip Code
 COSTA MESA CA 92627-3976

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015

Transaction ID : PR2575504839320

Amount of Each Receipt this Period
 28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **84.08**

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

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

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

FOR LINE NUMBER: PAGE 147 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ALDIS A HAGEN
 Mailing Address 152 OCEAN AVENUE
 City State Zip Code
 BREEZY POINT NY 11697-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Compli
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575506739320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MOLLY E JOSEPH
 Mailing Address 2711 CRESCENT RIDGE ROAD
 City State Zip Code
 MINNETONKA MN 55305-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575521739320
 Amount of Each Receipt this Period
 384.00
 P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PAUL B HEBERT
 Mailing Address 13 GOVERNORS ROW
 City State Zip Code
 WEST HARTFORD CT 06117-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Fin
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575522339320
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 654.00
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 148 OF 223
	<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. ERIC J KAPLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 PARTRIDGE LANDING
 City GLASTONBURY State CT Zip Code 06033-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation NA VP Clnt Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575524039320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. WILLIAM GARRISON JETER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9557 WOODRIDGE CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-2744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575528139320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. ROBERT ALDEN HUNTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9236 PRESTON PLACE
 City EDEN PRAIRIE State MN Zip Code 55347-3396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr M A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575528339320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 223
	<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. KRISTEN NOEL ANDERSON HOLOVIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575533039320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. THOMAS A HAMLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575536239320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. NADINE G HAUF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1008 WIMBERLY
 City ALLEN State TX Zip Code 75013-1195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575538839320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 223
	<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. HOLLY STEINBRECHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11053 POTOMAC LANE
 City FRISCO State TX Zip Code 75035-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575544539320
 Amount of Each Receipt this Period 36.50
 P/R Deduction (\$18.25 Bi-Weekly)

B. AMY LYNN BALCK
 Full Name (Last, First, Middle Initial)
 Mailing Address N3681 VINE RD
 City FREEDOM State WI Zip Code 54913-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Mgr Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575548439320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JULIE T SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 SE 6TH AVENUE
 City POMPANO BEACH State FL Zip Code 33060-8137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575578039320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	92.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 223
	<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. ELIZABETH C WINSOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 WILDERS PASS
 City CANTON State CT Zip Code 06019-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575582839320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. RICHARD W REEVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 JONAHS RIDGE DRIVE
 City NOLENSVILLE State TN Zip Code 37135-9609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575583839320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. MICHAEL PETEROY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 PHILLIPS STREET
 City VISTA State CA Zip Code 92083-7171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575585639320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 298.38
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 223
	(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. KATHLEEN DWYER
Full Name (Last, First, Middle Initial)

Mailing Address 4852 EXCALIBUR DRIVE

City SYRACUSE State NY Zip Code 13215-9317

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575590639320

Amount of Each Receipt this Period
 76.92

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

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

Mailing Address 140 OLD BAY RD

City BELCHERTOWN State MA Zip Code 01007-9348

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

Name of Employer Optum Services, Inc Occupation Bus Adv/Tech Cnslt Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575593639320

Amount of Each Receipt this Period
 28.00

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

C. LISA M IVERSON
Full Name (Last, First, Middle Initial)

Mailing Address 13341 CARRACH AVENUE

City ROSEMOUNT State MN Zip Code 55068-4774

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1679.47**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575603239320

Amount of Each Receipt this Period
 410.26

P/R Deduction (\$205.13 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 515.18
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID J STAPLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 SOUTHERLY RD
 APT 402
 City TOWSON State MD Zip Code 21204-2943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR25756339320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. BRIAN R THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR25756346320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. TERENCE M CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2134.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR25756369320
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	299.00
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 154 OF 223
	<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. NEIL P COLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 8465 MISSION HILLS LANE

City CHANHASSEN State MN Zip Code 55317-7712

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575637639320

Amount of Each Receipt this Period **28.00**

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

B. BENTON V DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 9825 NORTH 53RD PLACE

City PARADISE VALLEY State AZ Zip Code 85253-1634

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

Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwk

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2019.15**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575639239320

Amount of Each Receipt this Period **192.30**

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

C. CRAIG S HERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 9609 WYOMING CIRCLE

City BLOOMINGTON State MN Zip Code 55438-1628

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

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575650239320

Amount of Each Receipt this Period **76.92**

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

SUBTOTAL of Receipts This Page (optional)..... **297.22**

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

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

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

FOR LINE NUMBER: PAGE 155 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MARK VAN ERT

Mailing Address 221 OAKWOOD RD

City State Zip Code
 HOPKINS MN 55343-8532

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

Name of Employer Occupation
 Optum Services, Inc Dir Gen Mgmt

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **308.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575650539320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RONALD MICHAEL GONG

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City State Zip Code
 HACIENDA HEIGHTS CA 91745-5739

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

Name of Employer Occupation
 United HealthCare Services Inc M R Sls Dir

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **858.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575651539320

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. JENNY A HAYHURST

Mailing Address 23A MOUNT HYGEIA ROAD

City State Zip Code
 FOSTER RI 02825-1434

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

Name of Employer Occupation
 United HealthCare Services Inc VP Ntwk Contrctng

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **308.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2575651839320

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ► **134.08**

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

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

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

FOR LINE NUMBER: PAGE 156 OF 223
(check only one)

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

A. ELENA J MCFANN
Full Name (Last, First, Middle Initial)
Mailing Address 18925 24TH AVENUE NORTH
City PLYMOUTH State MN Zip Code 55447-2072
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Regn CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575654739320
Amount of Each Receipt this Period 192.30
P/R Deduction (\$96.15 Bi-Weekly)

B. KATHRYN L PIZZANO
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 31
44 SAYER RD
City BLOOMING GROVE State NY Zip Code 10914-0031
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575662139320
Amount of Each Receipt this Period 28.08
P/R Deduction (\$14.04 Bi-Weekly)

C. CARL E ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 8675 AZURE SKY DRIVE
City LAS VEGAS State NV Zip Code 89129-2227
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Medical Assoc. Inc. Occupation Sr Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575669339320
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 298.38
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 157 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. PATRICK MOESCHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10940 E TIERRA DR
 City State Zip Code
 SCOTTSDALE AZ 85259-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNITED HEALTHCARE SVS INC KA VP Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575676139320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. BRADY PRIEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 COUNTRY CLUB RD
 City State Zip Code
 EDINA MN 55424-1148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575677239320
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. JILL K MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11499 ASHLEY COURT
 City State Zip Code
 INVER GROVE HEIGHTS MN 55077-5251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Deputy Gen Counsel Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 338.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575678339320
 Amount of Each Receipt this Period
 30.76
 P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 301.06
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. MICHELLE M SCHROEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 TOWN TRAIL
 City State Zip Code
 BROOKFIELD WI 53045-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575683739320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. CHRISTOPHER J STIDMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 CHEROKEE TRAIL
 City State Zip Code
 EDINA MN 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Clnt Relationship
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575683839320
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. STEPHEN J FARRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 MAJOR DOANE RD
 City State Zip Code
 WELLFLEET MA 02667-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575696239320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	297.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 223
	<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. ELIZABETH SOBERG PROKOCKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9746 SUNSET HILL DR
 City LONE TREE State CO Zip Code 80124-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575705839320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

B. D ELLEN WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 STUART STREET 25D
 City BOSTON State MA Zip Code 02116-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2134.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575708839320
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KIM M CRANDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6016 BRIGIDS CLOSE DRIVE
 City DUBLIN State OH Zip Code 43017-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575731239320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	414.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 223
	<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. ROBYN L HELLAND
Full Name (Last, First, Middle Initial)

Mailing Address 9089 PARTRIDGE RD

City MINNETRISTA State MN Zip Code 55375-4513

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

Name of Employer United HealthCare Services Inc Occupation Dir Traffic/Workforce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575733839320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

B. MOLLY LOUISE KNORR
Full Name (Last, First, Middle Initial)

Mailing Address 1144 PROSPECT AVENUE

City HARTFORD State CT Zip Code 06105-1124

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

Name of Employer United HealthCare Services Inc Occupation SVP Risk Adjustment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575735439320

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 3233 TIMBERWOLF CIRCLE

City PRIOR LAKE State MN Zip Code 55372-3272

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

Name of Employer Optum Services, Inc Occupation VP Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575735739320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **133.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JULIE M STRICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 3207 SUNNYWOOD DRIVE

City FULLERTON	State CA	Zip Code 92835-1858
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575740939320

Amount of Each Receipt this Period

28.00

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

B. STEPHANIE M WAITE
Full Name (Last, First, Middle Initial)

Mailing Address 2501 S HORIZON DR

City APPLETON	State WI	Zip Code 54915-5851
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Prod Mgr
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575743239320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 2119 SHERIDAN HILLS RD

City WAYZATA	State MN	Zip Code 55391-2327
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2575744539320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.16
TOTAL This Period (last page this line 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 162 OF 223
	(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. HERBERT R DOMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 IONE COURT
 City COLUMBUS State OH Zip Code 43235-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir IT DT Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575756039320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MICHAEL J CUNNINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 MAXWELL LANE APT 600
 City HOBOKEN State NJ Zip Code 07030-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation COO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.36

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575767839320
 Amount of Each Receipt this Period 30.76
 P/R Deduction (\$15.38 Bi-Weekly)

C. MATTHEW D MONTOYA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12370 BRADFORD DR
 City PARKER State CO Zip Code 80134-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575777639320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 86.76
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 163 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTOPHER J MULLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15560 SMITHFIELD PLACE
 City State Zip Code
 CENTREVILLE VA 20120-4901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575778739320
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. CAROLYN T MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1744
 City State Zip Code
 SHIPROCK NM 87420-1744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Govt Affs Assc Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 309.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575780939320
 Amount of Each Receipt this Period
 28.16
 P/R Deduction (\$14.08 Bi-Weekly)

C. SUSAN V MADDUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 16426 FARMERS MILL LANE
 City State Zip Code
 CHESTERFIELD MO 63005-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Pharm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575783839320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 223
	<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. APUR R PATEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 SHERIDAN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55410-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Deputy Gen Counsel Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575809539320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. LAURIE ERIN RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3108 SONIA DRIVE
 City State Zip Code
 LAS VEGAS NV 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Govt Affs Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575812139320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. SAMUEL JAMES MECKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1828 WYNDAM DRIVE
 City State Zip Code
 SHAKOPEE MN 55379-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575814539320
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 223
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WILLIAM J MILLER
Full Name (Last, First, Middle Initial)
Mailing Address 27409 W 108 STREET
City OLATHE State KS Zip Code 66061-7533
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Bus Segment CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1946.34

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575819839320
Amount of Each Receipt this Period 176.94
P/R Deduction (\$88.47 Bi-Weekly)

B. JOEL F BRADLEY
Full Name (Last, First, Middle Initial)
Mailing Address 300 WHITE MOSS PLACE
City FRANKLIN State TN Zip Code 37064-8628
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 406.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575825839320
Amount of Each Receipt this Period 36.92
P/R Deduction (\$18.46 Bi-Weekly)

C. PHILIP R KAUFMAN
Full Name (Last, First, Middle Initial)
Mailing Address 1680 NORTH FARM ROAD
City ORONO State MN Zip Code 55356-9309
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation CEO Spclty Ben Visn
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575829839320
Amount of Each Receipt this Period 192.30
P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 406.16
TOTAL This Period (last page this line 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 166 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHELLE M HUNTLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19503 HARMONY AVE
 City State Zip Code
 ROGERS MN 55374-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Deputy Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575832039320
 Amount of Each Receipt this Period
 83.30
 P/R Deduction (\$41.65 Bi-Weekly)

B. WILLIAM MANDELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 MISSION HILL WAY
 City State Zip Code
 COLORADO SPRINGS CO 80921-2672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575837839320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. CHARLES M HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10603 MILLET SEED HILL
 City State Zip Code
 COLUMBIA MD 21044-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2575840339320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 223
	<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. EDWARD JOHN SKOPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 JOEL DR
 City HEBRON State CT Zip Code 06248-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575842739320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WILLIAM J GOLDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 SOUND COURT
 City NORTHPORT State NY Zip Code 11768-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575859339320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City MAPLE GROVE State MN Zip Code 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 338.58

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575865339320
 Amount of Each Receipt this Period 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	301.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 168 OF 223
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMIE DAMATO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 349 KING STREET		Transaction ID : PR2575872039320
City NAUGATUCK	State CT	Zip Code 06770-1505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Optum Services, Inc	Occupation Dir IT	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. PAMELA LIPPITT		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 944 RILEY WILLS ROAD		Transaction ID : PR2575884439320
City LEBANON	State OH	Zip Code 45036-9037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer Optum Services, Inc	Occupation Assc Dir Med Clin Ops	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 ▼ 308.00	

Full Name (Last, First, Middle Initial) C. PATRICK J LANGAN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 405 MEADOW LANE		Transaction ID : PR2575885039320
City BENSON	State MN	Zip Code 56215-1033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.00
Name of Employer United HealthCare Services Inc	Occupation VP IT	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2134.00	

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 223
	<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. JOEL C HOFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6943 SOUTH PICADILLY STREET

City AURORA State CO Zip Code 80016-2341

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

Name of Employer Optum Services, Inc Occupation SVP Optuml

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575913139320

Amount of Each Receipt this Period **20.00**

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

B. CHRISTOPHER M MCGOLDRICK
Full Name (Last, First, Middle Initial)

Mailing Address 48 MOUNTAIN TERRACE ROAD

City WEST HARTFORD State CT Zip Code 06107-1533

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

Name of Employer United HealthCare Services Inc Occupation Natl VP Sls & Bus Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575930439320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 7112 LANGMUIR DRIVE

City MCKINNEY State TX Zip Code 75071-4606

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575930639320

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **126.08**

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

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

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

FOR LINE NUMBER: PAGE 170 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTOPHER C ZITZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2848 FRANCE AVE S
 City ST LOUIS PARK State MN Zip Code 55416-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575933339320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. RICHARD J MATTERA
 Full Name (Last, First, Middle Initial)
 Mailing Address 483 HIGHCROFT ROAD
 City WAYZATA State MN Zip Code 55391-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575938439320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID J KISCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7715 GIBRALTER TERRACE
 City APPLE VALLEY State MN Zip Code 55124-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575966039320
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 442.68
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 171 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DOREEN L MELLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 SOUTH EMERALD DRIVE
 City WAUSAU State WI Zip Code 54401-3964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum360 Services Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575966839320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568-5659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575968939320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARK A DICELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5360 ANACALA CT
 City WESTERVILLE State OH Zip Code 43082-8352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575977939320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.08
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARK LEENAY
Full Name (Last, First, Middle Initial)

Mailing Address 29 UNION TERRACE LN N

City PLYMOUTH State MN Zip Code 55441-6232

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

Name of Employer UHC International Services Inc Occupation NA Med Dir/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575982839320

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 230 BATTALION WAY

City MOUNT JULIET State TN Zip Code 37122-6135

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575988339320

Amount of Each Receipt this Period **28.00**

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

C. PAMELA J GOLD
Full Name (Last, First, Middle Initial)

Mailing Address 8370 DYNASTY WAY

City SALT LAKE CITY State UT Zip Code 84121-6089

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2575988639320

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DAVID J LAUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5109 EMERSON AV S
 City MINNEAPOLIS State MN Zip Code 55419-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 348.99

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2575991139320
 Amount of Each Receipt this Period 7.92
 P/R Deduction (\$3.96 Bi-Weekly)

B. MARC R BRIGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 RED TREE CT
 City DRAPER State UT Zip Code 84020-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576001639320
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. KAREN I SQUARRELL SHABLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1377 ROWLAND ROAD
 City LANGHORNE State PA Zip Code 19047-3106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576017339320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.00
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 174 OF 223
	<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. JOHN EDWARD SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 15440 STANBURY CURV

City EDEN PRAIRIE State MN Zip Code 55347-2433

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

Name of Employer Optum Services, Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2576018639320

Amount of Each Receipt this Period **76.92**

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

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

Mailing Address 8326 ELKO DRIVE

City ELLICOTT CITY State MD Zip Code 21043-6913

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

Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2576026439320

Amount of Each Receipt this Period **76.92**

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

C. KIMBERLY K SONERHOLM
Full Name (Last, First, Middle Initial)

Mailing Address 7210 HEGGIE AVE

City LAS VEGAS State NV Zip Code 89131-3233

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

Name of Employer Health Plan of Nevada Occupation SB KA VP SIs Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2576033239320

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **181.84**

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

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

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

FOR LINE NUMBER: PAGE 175 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KARI MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 18839 INCA AVE
 City LAKEVILLE State MN Zip Code 55044-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Assc Dir Clin Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2576036739320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

B. JAY WARMUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16215 GRABEN COURT
 City EDEN PRAIRIE State MN Zip Code 55346-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **858.00**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2576040039320
 Amount of Each Receipt this Period **78.00**
 P/R Deduction (\$39.00 Bi-Weekly)

C. GAYLE Q ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 CANYON RIDGE DRIVE
 City SANDIA PARK State NM Zip Code 87047-8509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2576040339320
 Amount of Each Receipt this Period **192.30**
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **298.38**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 223
	<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. KEVIN P KANDALRAFT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4189 WINDSOR POINT PLACE
 City EL DORADO HILLS State CA Zip Code 95762-3797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576043639320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. LAURA L STONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2050 FM 423 #4407
 City LITTLE ELM State TX Zip Code 75068-6982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576045139320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. MICHAEL R GROENENDAAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 N EUCLID
 City OAK PARK State IL Zip Code 60302-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Executive Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576046239320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	132.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. KENT MONICAL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 9795 E PIEDRA DRIVE		Transaction ID : PR2576051339320
City SCOTTSDALE	State AZ	Zip Code 85255-9231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation SVP Prd	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	

Full Name (Last, First, Middle Initial) B. RESTOR JOHNSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 2700 CRESCENT RIDGE ROAD		Transaction ID : PR2576051639320
City MINNETONKA	State MN	Zip Code 55305-2806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.00
Name of Employer United HealthCare Services Inc	Occupation VP Entrprs Real Estate Svs	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2134.00	

Full Name (Last, First, Middle Initial) C. JOHN F REX		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 503 HARRINGTON ROAD		Transaction ID : PR2576060039320
City WAYZATA	State MN	Zip Code 55391-1512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 386.00
Name of Employer Optum Services, Inc	Occupation Mkt Group CFO	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4246.00	

SUBTOTAL of Receipts This Page (optional).....▶	656.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 223
	<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. DARRIN D JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 BERTON COURT
 City MIDDLETOWN State DE Zip Code 19709-9932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576103739320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. NATHAN R KIEWEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576117539320
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CHRIS KENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 13273 CARLINGFORD LANE
 City ROSEMOUNT State MN Zip Code 55068-6308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576119039320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	181.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 223
	<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. CHANDRA LUE TORGERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 10TH AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55417-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2576128639320
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL JOHN DIOGUARDI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4336 YATES STREET
 City State Zip Code
 DENVER CO 80212-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Sr Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2576131939320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. STEVEN H NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 LOCUST HILLS DRIVE
 City State Zip Code
 WAYZATA MN 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2576144839320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	539.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. JOHN E FRIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576147539320
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JEAN C BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576310939320
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. THOMAS L ELLIOTT III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 SUGARLOAF CLUB DR
 City DULUTH State GA Zip Code 30097-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clint Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2576313339320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	308.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 223
	<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. DANIEL J KENIRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2577379339320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRIAN J TIDMARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 14425 NORTH 15TH STREET
 City PHOENIX State AZ Zip Code 85022-4454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 2 NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2578724239320
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DEMETRIOS L KOUZOUKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15552 57TH PLACE N
 City PLYMOUTH State MN Zip Code 55446-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2578740439320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	596.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 182 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. PHIL KRAUSE
 Mailing Address 63 VAN HOLTEN
 City State Zip Code
 BASKING RIDGE NJ 07920-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Hlthcare Econ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2578742139320
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KURT A STRODE
 Mailing Address 15 MIRA SEGURA
 City State Zip Code
 RANCHO SANTA MARGARITA CA 92688-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Assc Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2578819239320
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. BARTLEY S ASNER
 Mailing Address 25 OFFSHORE
 City State Zip Code
 NEWPORT BEACH CA 92657-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc CEO Med Grp Physn
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2578819439320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 223
	<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. LAURA CIAVOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1686 WILDFIRE LANE
 City FRISCO State TX Zip Code 75033-7325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2578824339320
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. NATHANAEL BUSBEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 ORPINGTON RD
 City BALTIMORE State MD Zip Code 21229-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2578826739320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. JAY J COHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2613 VICTORIA DR
 City LAGUNA BEACH State CA Zip Code 92651-3948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation CEO Med Grp Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2578829639320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	653.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. RACHEL C FARMER
Full Name (Last, First, Middle Initial)

Mailing Address 1929 ALBIZIA COURT

City State Zip Code
BATON ROUGE LA 70808-3973

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

Name of Employer Occupation
United HealthCare Services Inc Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.88

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2595208339320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. VINAY KONERU
Full Name (Last, First, Middle Initial)

Mailing Address 3150 CARRICK RD

City State Zip Code
CUMMING GA 30040-6402

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

Name of Employer Occupation
Optum Services, Inc Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.88

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2595218439320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. LAURA A GROSCHE
Full Name (Last, First, Middle Initial)

Mailing Address 3872 KENNET CIRCLE

City State Zip Code
EAGAN MN 55123-3952

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

Name of Employer Occupation
Optum Services, Inc VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : PR2595230939320

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	440.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. WESTON PRICE SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 1050 LAKE CAROLYN PKWY
APT 4349

City IRVING State TX Zip Code 75039-3999

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

Name of Employer Optum Services, Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **676.94**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2601125339320

Amount of Each Receipt this Period
61.54

P/R Deduction (\$30.77 Bi-Weekly)

B. TOM ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 264 PORTERS HILL RD

City MONROE State CT Zip Code 06468-2236

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2601127839320

Amount of Each Receipt this Period
30.00

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

C. MARIANNE D SHORT
Full Name (Last, First, Middle Initial)

Mailing Address 2215 SUMMIT AVENUE

City SAINT PAUL State MN Zip Code 55105-1002

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4230.60**

Date of Receipt
10 / 31 / 2015

Transaction ID : PR2601133539320

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	476.14
TOTAL This Period (last page this line 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 186 OF 223
	(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. CRAIG NEWTON
Full Name (Last, First, Middle Initial)

Mailing Address 654 W GOLDFINCH WAY

City CHANDLER State AZ Zip Code 85286-4451

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601133739320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. ALLEN K PATRICK
Full Name (Last, First, Middle Initial)

Mailing Address 225 W ESCALONES

City SAN CLEMENTE State CA Zip Code 92672-5102

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

Name of Employer United HealthCare Services Inc Occupation SB Mgr Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601136839320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. AMY N SWANSON
Full Name (Last, First, Middle Initial)

Mailing Address 621 SPARROW WAY

City WADSWORTH State OH Zip Code 44281-7716

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601140739320

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional).....▶	248.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JENNIFER M MARDOSZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 17920 SHAVERS LANE
 City WAYZATA State MN Zip Code 55391-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2601142039320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. LORA ANN OLDHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 20039 E BRIGHTWAY
 City MOKENA State IL Zip Code 60448-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regl Dir Medicr Brkr Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2601147639320
 Amount of Each Receipt this Period 19.24
 P/R Deduction (\$9.62 Bi-Weekly)

C. DOUGLAS LEE MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 BLACKJACK OAK LANE
 City PLANO State TX Zip Code 75074-7790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2601149639320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.40
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MICHAEL A CHRIST
Full Name (Last, First, Middle Initial)

Mailing Address 89 RIDGEWOOD ROAD

City WEST HARTFORD State CT Zip Code 06107-2924

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601156939320

Amount of Each Receipt this Period
76.92

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

B. ANDREW W TICE JR
Full Name (Last, First, Middle Initial)

Mailing Address 1136 JACKSON SPRINGS RD

City MACON State GA Zip Code 31211-1435

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

Name of Employer Optum Services, Inc Occupation Phys Advsr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.54**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601160939320

Amount of Each Receipt this Period
46.14

P/R Deduction (\$23.07 Bi-Weekly)

C. DEBORAH GILL RICE
Full Name (Last, First, Middle Initial)

Mailing Address 10775 ROLLING HILLS DRIVE

City LITTLE ELM State TX Zip Code 75068-2893

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

Name of Employer Optum Clinical Services INC Occupation Mgr Nurse Pract

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt
10 / 31 / 2015
Transaction ID : PR2601176439320

Amount of Each Receipt this Period
28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **151.14**

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

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROGER RODRIGUEZ			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 10501 SW 102 AVENUE			Transaction ID : PR2601176839320
City MIAMI	State FL	Zip Code 33176-3511	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MARC GORDON KAPROW			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 5079 SW 89TH AVE			Transaction ID : PR2601179039320
City COOPER CITY	State FL	Zip Code 33328-3636	Amount of Each Receipt this Period 78.88
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Exec Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 842.28		P/R Deduction (\$39.44 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAUL A JACOBSEN			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 733 OAKWOOD DRIVE			Transaction ID : PR2605714139320
City NEW BRIGHTON	State MN	Zip Code 55112-6633	Amount of Each Receipt this Period 28.08
FEC ID number of contributing federal political committee. C			
Name of Employer Optum Services, Inc	Occupation Mgr Proj Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88		P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	183.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 223
	<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. KELLY MARIE DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12013 TALIESIN PLACE
 UNIT 22
 City RESTON State VA Zip Code 20190-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2605734239320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. TRACY MALONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S 22ND ST
 City ARLINGTON State VA Zip Code 22202-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2605736939320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. GLORIA AUSTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1547 HARVARD AVENUE
 City SALT LAKE CITY State UT Zip Code 84105-1725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2605757439320
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 346.14
TOTAL This Period (last page this line 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 191 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. LARRY SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 RUE CHINON
 City State Zip Code
 MANDEVILLE LA 70471-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Compli
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2605760639320
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. MICHAEL E WEISSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 HAGEN ROAD
 City State Zip Code
 NEWTON MA 02459-2731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Optum Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2538.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2606842939320
 Amount of Each Receipt this Period
 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

C. JOHN MATTHEW MATECZUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 SAINT GEORGE BARBER ROAD
 City State Zip Code
 DAVIDSONVILLE MD 21035-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Pres M&V
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2606845139320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 653.82
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS KARL ZIESMANN
Full Name (Last, First, Middle Initial)

Mailing Address 2004 ESTES PARK ROAD

City SOUTHLAKE State TX Zip Code 76092-3855

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

Name of Employer Optum Services, Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2606854439320

Amount of Each Receipt this Period **192.30**

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

B. JAN V EYER
Full Name (Last, First, Middle Initial)

Mailing Address 6241 CRESTBROOK DRIVE

City MORRISON State CO Zip Code 80465-2225

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

Name of Employer Optum Services, Inc Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2606857539320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

C. SHELLEY L KENNEDY
Full Name (Last, First, Middle Initial)

Mailing Address 706 SUE BARNETT

City HOUSTON State TX Zip Code 77018-5412

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

Name of Employer United HealthCare Services Inc Occupation Dir Service Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2607803039320

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	320.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 193 OF 223
	(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. CYNTHIA ANN MARGRITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 16702 L STREET
 City OMAHA State NE Zip Code 68135-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2607806139320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

B. SUSAN ESPARZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 VISTA VERDE DRIVE
 City AUSTIN State TX Zip Code 78732-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Mgr Nurse Pract
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2607807839320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

C. VINCENT C CEGLIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 BLOSSOM ROAD
 City HAMPTON State NJ Zip Code 08827-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2608052039320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **84.24**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 194 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SHAWN DAVID SCHWARTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 SNELLING AVE S
 City SAINT PAUL State MN Zip Code 55105-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2608059339320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

B. LISA MARIE LANDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 PINEAPPLE STREET APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2608059539320
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

C. VIRGINIA A FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 VAN TERRACE
 City SPARKILL State NY Zip Code 10976-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2608061239320
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **181.92**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 223
	<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. SANDRA FERGUSON
Full Name (Last, First, Middle Initial)
Mailing Address 710 SOUTH SHERATON DRIVE

City AKRON	State OH	Zip Code 44319-1918
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Med Clin Ops
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2608061939320

Amount of Each Receipt this Period

76.92

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

B. ALLYN RICHARD HECK
Full Name (Last, First, Middle Initial)
Mailing Address 3233 BARHITE STREET

City PASADENA	State CA	Zip Code 91107-1254
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2609810939320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

C. NORMAN L WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 1507 NANTUCKET DRIVE

City HOUSTON	State TX	Zip Code 77057-1911
-----------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation SVP Ops
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2609812339320

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 196 OF 223
	<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. KETAN R PATEL
Full Name (Last, First, Middle Initial)

Mailing Address 8072 YORKSHIRE CIRCLE

City LA PALMA	State CA	Zip Code 90623-2026
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Mgr Pharm Ops
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2612523339320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

B. CARRIE J RIVERS
Full Name (Last, First, Middle Initial)

Mailing Address 6368 TIMBER TRACE

City BROWNSBURG	State IN	Zip Code 46112-8641
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Ntwk Contract Dir
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2612533739320

Amount of Each Receipt this Period

9.12

P/R Deduction (\$4.56 Bi-Weekly)

C. ANDREW KREJCI
Full Name (Last, First, Middle Initial)

Mailing Address 19865 LAKEVIEW AVENUE

City EXCELSIOR	State MN	Zip Code 55331-9353
-------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Comm
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR2614310739320

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	65.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTINE P LIBERATO
Full Name (Last, First, Middle Initial)

Mailing Address 9021 GRINDLAY ST # 300

City CYPRESS State CA Zip Code 90630-3098

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

Name of Employer Optum Services, Inc Occupation Exec Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2614313839320

Amount of Each Receipt this Period **30.00**

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

B. ABIGAIL LONDON VAIL
Full Name (Last, First, Middle Initial)

Mailing Address 3653 DWIGHT DAVIS DR

City TALLAHASSEE State FL Zip Code 32312-1076

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2614315639320

Amount of Each Receipt this Period **76.92**

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

C. SAMUEL O VANNORMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6216 CONCORD AVE

City EDINA State MN Zip Code 55424-1736

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

Name of Employer Optum Services, Inc Occupation VP Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2615086039320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **135.00**

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 198 OF 223
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RANDALL L SOLOMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2615671539320
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

B. MICHAEL BIRNBAUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2615671639320
 Amount of Each Receipt this Period **76.92**
 P/R Deduction (\$38.46 Bi-Weekly)

C. JENNIFER LORYN YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 CLINTON PLACE
 City HACKENSACK State NJ Zip Code 07601-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation NA Vice Pres AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**
Transaction ID : PR2615929439320
 Amount of Each Receipt this Period **28.08**
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **181.92**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 223
	<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. WESLEY KIRBY
Full Name (Last, First, Middle Initial)

Mailing Address 3213 SAGE BRUSH TRL

City PLANO State TX Zip Code 75023-5631

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

Name of Employer Optum Services, Inc Occupation Sr Cnslt Bus Adv/Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2615957039320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

B. PATRICIA CAMACHO
Full Name (Last, First, Middle Initial)

Mailing Address 906 BLUEBIRD

City MANCHACA State TX Zip Code 78652-4154

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2617361139320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

C. ALAN H MIRVISS
Full Name (Last, First, Middle Initial)

Mailing Address 73 DOWNEY

City SAN FRANCISCO State CA Zip Code 94117-4015

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

Name of Employer Optum360 Services Inc Occupation Sr Proj Mgr II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.88**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR2617361739320

Amount of Each Receipt this Period **28.08**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 223
	<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. MEGHAN ROSE PASSINEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 BUROAK DRIVE
 City HOPEWELL JUNCTION State NY Zip Code 12533-6434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2617363639320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. MARK LEE CHERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 BEMIS HEIGHTS PL
 City SAINT CHARLES State MO Zip Code 63303-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Data/Res Anlyt Cnslt Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2617922839320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

C. MICHAEL BAUBLIT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 RIDGEWIND WAY
 City WINDERMERE State FL Zip Code 34786-5823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2617927139320
 Amount of Each Receipt this Period 30.42
 P/R Deduction (\$15.21 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 223
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAY DOUGLAS PUTTERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 SUNNY REACH DRIVE
 City WEST HARTFORD State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation NA VP Clnt Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2617931339320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

B. MARK OWEN JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10529 MOUNT CURVE ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2617933939320
 Amount of Each Receipt this Period 92.30
 P/R Deduction (\$46.15 Bi-Weekly)

C. THERESA CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1117 XERXES AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2622562139320
 Amount of Each Receipt this Period 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	148.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 223
	<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. PETER GROVES JACOBY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6203 STONEHAM LANE
 City State Zip Code
 MCLEAN VA 22101-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2623707539320
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. REBECCA HUMBERT MULES
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 DOVER STREET
 City State Zip Code
 BALTIMORE MD 21230-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 846.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2624442639320
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. DAVID H JACOBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3177 WHITE CEDAR PLACE
 City State Zip Code
 THOUSAND OAKS CA 91362-4904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg Bus Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : PR2624444339320
 Amount of Each Receipt this Period
 28.08
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	489.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JENIFER JEAN FULLER JESSEP		Date of Receipt
Mailing Address 14320 KEITH COURT		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
BROOMFIELD	CO	80023-9584
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2624445439320
United HealthCare Services Inc	Dir Govt Affs	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1269.18"/>	<input type="text" value="115.38"/>
		P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CHRISTOPHER LOUIS COLLETTE		Date of Receipt
Mailing Address 786 CAMBERWELL DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
EAGAN	MN	55123-3939
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2625499539320
United HealthCare Services Inc	SVP UnitedHlth Grp	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="846.12"/>	<input type="text" value="76.92"/>
		P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. WESLEY RYAN COWEN		Date of Receipt
Mailing Address 825 VIRGINIA PARK CIRCLE NE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
ATLANTA	GA	30306-4081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR2625532339320
United HealthCare Services Inc	KA Dir Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="846.12"/>	<input type="text" value="76.92"/>
		P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="269.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY BRENT LIVERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 DERBY COURT
 City MEBANE State NC Zip Code 27302-9452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.46

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2626346039320
 Amount of Each Receipt this Period 34.76
 P/R Deduction (\$17.38 Bi-Weekly)

B. GREGORY M HINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3660 SILVERWOOD RD
 City WEST SACRAMENTO State CA Zip Code 95691-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2626886539320
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. KIM BARNES MANNING
 Full Name (Last, First, Middle Initial)
 Mailing Address 12703 DEER CREEK DRIVE
 City OMAHA State NE Zip Code 68142-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 278.08

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2628331439320
 Amount of Each Receipt this Period 34.76
 P/R Deduction (\$17.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 146.44
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 223
	<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. LAMBERT VAN DER WALDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Hlth Reform/Modernizatn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2628332339320
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$208.00 Bi-Weekly)

B. LORI ANN RILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5636 JAMES AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2628834039320
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

C. BRUCE MICHAEL JARVIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18750 KIPHEART DRIVE
 City LEESBURG State VA Zip Code 20176-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.15

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2629554539320
 Amount of Each Receipt this Period 111.10
 P/R Deduction (\$55.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	777.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 223
	<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. ELEANOR ADAMS HOFFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 CONNECTICUT AVE
 APT 701
 City WASHINGTON State DC Zip Code 20008-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.15

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2629559239320
 Amount of Each Receipt this Period 111.10
 P/R Deduction (\$55.55 Bi-Weekly)

B. MICHAEL J TUFFIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1785.70

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2632087939320
 Amount of Each Receipt this Period 357.14
 P/R Deduction (\$178.57 Bi-Weekly)

C. VERONICA L ORRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 10403 SANTA RITA ST
 City CYPRESS State CA Zip Code 90630-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Ntwk Prgm Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.63

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2632858539320
 Amount of Each Receipt this Period 56.14
 P/R Deduction (\$28.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 524.38
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 223
	<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. LAWRENCE DAVID PLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3830 KING STREET
 City ALEXANDRIA State VA Zip Code 22302-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3571.40

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2632880739320
 Amount of Each Receipt this Period 714.28
 P/R Deduction (\$357.14 Bi-Weekly)

B. JOHN M PRIBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1923 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 795.48

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2634656639320
 Amount of Each Receipt this Period 227.28
 P/R Deduction (\$113.64 Bi-Weekly)

C. ADREAN SCHEID ROTHKOPF
 Full Name (Last, First, Middle Initial)
 Mailing Address 7205 LOCH LOMOND DRIVE
 City BETHESDA State MD Zip Code 20817-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1388.85

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2634880439320
 Amount of Each Receipt this Period 555.54
 P/R Deduction (\$277.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1497.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 223
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS PATRICK MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 LAUDERDALE ROAD
 City LOUISVILLE State KY Zip Code 40205-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2634885139320
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

B. SARA M PESCATELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1884 COLUMBIA ROAD NW APT #206
 City WASHINGTON State DC Zip Code 20009-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2015
Transaction ID : PR2634888539320
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	57839.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Renee Jacisin Ellmers RN

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601812

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michigan Republican Party - Federal Account

Mailing Address 520 Seymour Ave.

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601813

Amount of Each Disbursement this Period

5000.00

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

Rep. Terri Sewell

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : 38637942

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jim Costa for Congress

Mailing Address 2037 W Bullard Avenue, #355

City State Zip Code
Fresno CA 93711-1200

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. James 'Jim' Manuel Costa

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 16

Date of Disbursement

/ /

Transaction ID : 38637943

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389-2667

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement

/ /

Transaction ID : 38637944

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City State Zip Code
Gallatin TN 37066-1437

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Diane L. Black

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement

/ /

Transaction ID : 38637945

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : 38637946

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : 38637950

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Fiscal Leadership And Knowing Economics PAC

Mailing Address PO Box 13692

City State Zip Code
Tempe AZ 85284

Purpose of Disbursement
Contribution

011

Candidate Name

Fiscal Leadership And Knowing Economics PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : 38637951

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
Void - Bill Flores for Congress; check dated 10/12/15

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 38641908

Amount of Each Disbursement this Period

-4000.00

Void - Bill Flores for Congress; check dated 10/12/15

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City State Zip Code
Hartford CT 06126-1172

Purpose of Disbursement
Void - Larson for Congress; check dated 5/20/15

011

Candidate Name

Rep. John B. Larson

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention2016

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 38641909

Amount of Each Disbursement this Period

-2500.00

Void - Larson for Congress; check dated 5/20/15

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 2267

City State Zip Code
Smithfield NC 27577

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Rouzer

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 38641915

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

-5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Cresent Hardy For Congress

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Cresent Hardy

Category/Type

Office Sought: House Senate President
State: NV District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 38641916

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Christopher Collins

Category/Type

Office Sought: House Senate President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : 38641917

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Takai For Congress

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Kyle Takai

Category/Type

Office Sought: House Senate President
State: HI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643728

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : 38643729

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pocan for Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : 38643730

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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	Y	Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	4	5	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Amstutz

Mailing Address 4456 Wood Lake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Ron Amstutz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601743

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Anne Gonzales

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601749

Amount of Each Disbursement this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Sears

Mailing Address 3040 Byrnwyck W #113

City Maumee State OH Zip Code 43537

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Barbara Sears

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601750

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Cliff Rosenberger

Mailing Address 7027 State Route 350 West

City State Zip Code
Clarksville OH 45113

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Cliff Rosenberger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601751

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Smith

Mailing Address 63 Cedar St

City State Zip Code
Gallipolis OH 45631

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Ryan Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601752

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sprague for State Representative

Mailing Address 220 West Sandusky Street

City State Zip Code
Findlay OH 45840

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Robert Sprague

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601753

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Steve Huffman for State Rep.

Mailing Address PO Box 739

City Troy State OH Zip Code 45373

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Stephen Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601754

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ginter for State Representative

Mailing Address 846 Homewood Ave

City Salem State OH Zip Code 44460

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Tim Ginter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601755

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Federation of Iowa Insurers PAC

Mailing Address PO Box 1756

City Des Moines State IA Zip Code 50306-1756

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : 38601758

Amount of Each Disbursement this Period

2200.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City Lake Orion State MI Zip Code 48360

Purpose of Disbursement
Void - Jim Marleau for State Senate; check dated 8/4/2015

011

Candidate Name

MI Sen. James Marleau

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38608549

Amount of Each Disbursement this Period

-1000.00

Void - Jim Marleau for State Senate; check dated 8/4/2015

Full Name (Last, First, Middle Initial)

B. Apodaca for NC Senate Committee

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement
Contribution

011

Candidate Name

NC Sen. Tom Apodaca

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609140

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tommy Tucker for NC Senate

Mailing Address 1206 Rosehill Drive

City Waxhaw State NC Zip Code 28173

Purpose of Disbursement
Contribution

011

Candidate Name

NC Sen. Wyatt Thomas Tucker Sr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609141

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Tim Moore

Mailing Address 305 E Kings St

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement Contribution

011

Candidate Name

NC Rep. Timothy K. Moore

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609142

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Phil Berger Committee

Mailing Address PO Box 1309

City Eden State NC Zip Code 27289-1309

Purpose of Disbursement Contribution

011

Candidate Name

NC Sen. Philip Berger

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609143

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ralph Hise for NC Senate

Mailing Address PO Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement Contribution

011

Candidate Name

NC Sen. Ralph Hise Jr.

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609144

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : 38609145

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Robert D. Hackett

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

011

Candidate Name

OH Rep. Robert Hackett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643735

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Hughes

Mailing Address 4601 Market St
1st Flr

City Philadelphia State PA Zip Code 19139

Purpose of Disbursement
Contribution

011

Candidate Name

PA Sen. Vincent Hughes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643736

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Bill Adolph, Jr.

Mailing Address PO Box 303

City Springfield State PA Zip Code 19064

Purpose of Disbursement Contribution

011

Candidate Name

PA Rep. William Adolph Jr.

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643737

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Frank Dermody

Mailing Address PO Box 274

City Tarentum State PA Zip Code 15084-0274

Purpose of Disbursement Contribution

011

Candidate Name

PA Rep. Frank Dermody

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643738

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jake Corman

Mailing Address PO Box 421

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement Contribution

011

Candidate Name

PA Sen. Jacob D. Corman III

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : 38643739

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jay Costa Jr. for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution

011

Candidate Name

PA Sen. Jay Costa 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 Y Y
10 / 15 / 2015

Transaction ID : 38643740

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People to Elect Matt Baker

Mailing Address PO Box 602

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement
Contribution

011

Candidate Name

Representa Matthew Baker

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 / 2015

Transaction ID : 38643741

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marleau for Michigan

Mailing Address 3232 Pick Wick Place

City Lansing State MI Zip Code 48917

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : 38643742

Amount of Each Disbursement this Period

1000.00

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

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Jake Corman

Mailing Address PO Box 421

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement
Contribution

011

Candidate Name

PA Sen. Jacob D. Corman III

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 / 22 / 2015

Transaction ID : 38688444

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sylvia Garcia Campaign

Mailing Address PO Box 8530

City Houston State TX Zip Code 77249

Purpose of Disbursement
Contribution

011

Candidate Name

Sylvia Garcia

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 / 22 / 2015

Transaction ID : 38688445

Amount of Each Disbursement this Period

1000.00

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 Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

25950.00