

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

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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 MINNEAPOLIS	State MN	Zip Code 55410-1258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Deputy Gen Counsel Mgr
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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 LAS VEGAS	State NV	Zip Code 89107-3246
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Govt Affs Dir
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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 SHAKOPEE	State MN	Zip Code 55379-5437
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation VP Ops
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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).....▶	