

**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="2014"/>		360509.30
(b) Cash on Hand at Beginning of Reporting Period.....	111480.09	
(c) Total Receipts (from Line 19)	128302.04	812368.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	239782.13	1172877.71
7. Total Disbursements (from Line 31).....	77745.30	1010840.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	162036.83	162036.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	123246.27	682476.17
(ii) Unitemized	5055.77	124742.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	128302.04	807218.41
(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)	128302.04	807218.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	150.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	128302.04	812368.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	128302.04	812368.41

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	703500.00
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	2195.30	2230.88
(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)).....	2195.30	2230.88
29. Other Disbursements	27550.00	305110.00
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)) ..	77745.30	1010840.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77745.30	1010840.88

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)	128302.04	807218.41
34. Total Contribution Refunds (from Line 28(d))	2195.30	2230.88
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126106.74	804987.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. MICHELE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 3038 FAIRWAY CIRCLE

City CHASKA	State MN	Zip Code 55318-3408
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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 ▼
126.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 37630128

Amount of Each Receipt this Period
5.77

B. MICHELE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 3038 FAIRWAY CIRCLE

City CHASKA	State MN	Zip Code 55318-3408
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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 ▼
491.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

Transaction ID : 37666102

Amount of Each Receipt this Period
365.00

C. JOSEPH DIXON
Full Name (Last, First, Middle Initial)

Mailing Address 2432 BRYANT AVE S

City MINNEAPOLIS	State MN	Zip Code 55405-2927
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Deputy Gen Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	12	/	2014

Transaction ID : 37668320

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	735.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 LOVELADY
Full Name (Last, First, Middle Initial)

Mailing Address 6268 ORCHARD PARK

City FRISCO State TX Zip Code 75034-5126

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 ▼
4903.85

Date of Receipt
10 / 28 / 2014
Transaction ID : 37669570

Amount of Each Receipt this Period
5000.00

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

Mailing Address 7511 4TH AVENUE DRIVE NW

City BRADENTON State FL Zip Code 34209-7219

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

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 37718088

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$80.00 This changes the YTD Total to \$320.00

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

Mailing Address 6268 ORCHARD PARK

City FRISCO State TX Zip Code 75034-5126

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 ▼
5000.00

Date of Receipt
11 / 24 / 2014
Transaction ID : 37718089

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$2115.30 This changes the YTD Total to \$5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 239
<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. KEN HOVERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 16221 SIERRA DE AVILA

City TAMPA	State FL	Zip Code 33613-5222
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1159790936325

Amount of Each Receipt this Period

30.00

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

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

Mailing Address 2201 NORTH STAR ROAD

City UPPER ARLINGTON	State OH	Zip Code 43221-3810
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1159794136325

Amount of Each Receipt this Period

42.00

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

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

Mailing Address 11 CARNIVAL TERRACE

City WEST WARWICK	State RI	Zip Code 02893-1985
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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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1159794636325

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional).....▶	132.00
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 9 OF 239
	(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. SHARON M SWAN
Full Name (Last, First, Middle Initial)

Mailing Address 395 STEAMBOAT CROSSING

City State Zip Code
DRIPPING SPRINGS TX 78620-4342

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

Name of Employer Occupation
United HealthCare Services Inc PS Strat Acct Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1159803236325

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 10 SHADOWOOD LANE

City State Zip Code
TRUMBULL CT 06611-4062

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1159803836325

Amount of Each Receipt this Period
45.00

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

C. KEITH NOBLITT
Full Name (Last, First, Middle Initial)

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code
SENECA SC 29672-6764

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

Name of Employer Occupation
United HealthCare Services Inc SCE 3 NAs Ind Contr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1159805536325

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 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: (check only one)	PAGE 10 OF 239
<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. JAMES ELLISTON
Full Name (Last, First, Middle Initial)

Mailing Address 302 S 52ND ST

City OMAHA State NE Zip Code 68132-3544

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

Name of Employer: United HealthCare Services Inc Occupation: Dir Fin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR1159805936325

Amount of Each Receipt this Period: **30.00**

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

B. JAMES WATSON
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 ▼ **600.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR1159806036325

Amount of Each Receipt this Period: **75.00**

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

C. WAYNE COOK
Full Name (Last, First, Middle Initial)

Mailing Address 1022 GLENDEVON DRIVE

City AMBLER State PA Zip Code 19002-1859

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 ▼ **1440.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR1159812836325

Amount of Each Receipt this Period: **180.00**

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

SUBTOTAL of Receipts This Page (optional)..... **285.00**

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 11 OF 239
	<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 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 EVP Pres UHG Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159814736325
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159815936325
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159816136325
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1183.80
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 239
(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. PATRICIA SAURO
 Mailing Address 8943 HIDDEN MEADOW R
 City State Zip Code
 WOODBURY MN 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1159816436325
 Amount of Each Receipt this Period
 650.00
 P/R Deduction (\$295.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WILLIAM MUNSELL
 Mailing Address 2119 WINDSONG CIRCLE
 City State Zip Code
 WAYZATA MN 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Advsr to Office of CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1159816636325
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN PENSHORN
 Mailing Address 120 BLACK OAKS LANE
 City State Zip Code
 WAYZATA MN 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4615.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1159816936325
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 1526.90
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 13 OF 239
<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. PAUL KALLMEYER
Full Name (Last, First, Middle Initial)
Mailing Address 468 HERALD DR
City AMBLER State PA Zip Code 19002-1530
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159817436325
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

B. THOMAS 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 ▼ 1200.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159819136325
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Bi-Weekly)

C. DAVID 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 ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159820236325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	342.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. RICHARD 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 ▼ 2400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159827436325

Amount of Each Receipt this Period 300.00

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

B. BARBARA 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 ▼ 276.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159828736325

Amount of Each Receipt this Period 34.62

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

C. JEANNINE 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 ▼ 4615.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1159830036325

Amount of Each Receipt this Period 576.90

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

SUBTOTAL of Receipts This Page (optional).....▶ 911.52

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 15 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN STEVENSON		Date of Receipt
Mailing Address 5 BARBERRY DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BURLINGTON	CT	06013-1529
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159839336325
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Assc Gen Counsel	<input type="text" value="29.40"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$9.80 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="235.20"/>	

Full Name (Last, First, Middle Initial) B. Mr. ANTHONY WELTERS		Date of Receipt
Mailing Address 919 SAIGON ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MCLEAN	VA	22102-2116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1332013236325
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Advsr to Office of CEO	<input type="text" value="576.90"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4615.20"/>	

Full Name (Last, First, Middle Initial) C. ROBERT BOHNENKAMP		Date of Receipt
Mailing Address 4925 WOODS COURT		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
GREENWOOD	MN	55331-9291
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1551005636325
Name of Employer	Occupation	Amount of Each Receipt this Period
Optum Services, Inc	Bus Segment CIO	<input type="text" value="0.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$0.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="819.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="606.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 16 OF 239
(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. MICHAEL BRESOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Care Advo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1551005736325
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. CHRISTOPHER HOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109-2746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1551128936325
 Amount of Each Receipt this Period 34.62
 P/R Deduction (\$11.54 Bi-Weekly)

C. MICHAEL 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 ▼ 2769.12

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1551133436325
 Amount of Each Receipt this Period 346.14
 P/R Deduction (\$115.38 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 17 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ERIKA A ROGERS
Full Name (Last, First, Middle Initial)
Mailing Address 2449 GUYNN AVENUE
City CHICO State CA Zip Code 95926-2012
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Acct Mgr Clnt Svc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1551160736325
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

B. JOHN ENDERLE
Full Name (Last, First, Middle Initial)
Mailing Address 31 ANDREIS TRAIL
City SOUTH WINDSOR State CT Zip Code 06074-2142
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 ▼ 1320.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1554323536325
Amount of Each Receipt this Period 165.00
P/R Deduction (\$55.00 Bi-Weekly)

C. CHRISTINE HARRIS
Full Name (Last, First, Middle Initial)
Mailing Address 25 JUSTIN LANE
City WETHERSFIELD State CT Zip Code 06109-2542
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Clms
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1554323636325
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 18 OF 239
(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. CATHERINE 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 ▼ 346.14

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1554324636325
 Amount of Each Receipt this Period 57.69
 P/R Deduction (\$19.23 Bi-Weekly)

B. KAREN 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 ▼ 4615.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1575957636325
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 1846.08

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1575958136325
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 865.35
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEE VALENTA
Full Name (Last, First, Middle Initial)

Mailing Address 4701 GOLF TERRACE

City	State	Zip Code
EDINA	MN	55424-1514

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

Name of Employer	Occupation
Optum Services, Inc	Pres Lif Scis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4615.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1575958536325

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 24 LAKE SIDE ROAD

City	State	Zip Code
MOUNT KISCO	NY	10549-4204

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

Name of Employer	Occupation
Optum Services, Inc	Sr Sols Sls Exec Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1580863636325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55405-2350

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

Name of Employer	Occupation
United HealthCare Services Inc	UHC Chief Cnsmr Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1580864736325

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	919.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 ▼
4615.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1580865336325

Amount of Each Receipt this Period
576.90

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

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

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 Human Capital Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1596304136325

Amount of Each Receipt this Period
300.00

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

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

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 ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1596304336325

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1176.90
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 21 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JAY MATUSHAK		Date of Receipt
Mailing Address 5501 LAKEVIEW DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55424-1528
FEC ID number of contributing federal political committee.		Transaction ID : PR1596304636325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="117.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	VP Fin	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DANIEL SCHUMACHER		Date of Receipt
Mailing Address 5401 LARADA LANE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55436-1024
FEC ID number of contributing federal political committee.		Transaction ID : PR1596305436325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="576.90"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Mkt Group CFO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4615.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SCOTT THEISEN		Date of Receipt
Mailing Address 1950 MEADOWWOODS TRAIL		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
LONG LAKE	MN	55356-9312
FEC ID number of contributing federal political committee.		Transaction ID : PR1596305636325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="57.69"/>
Name of Employer	Occupation	
Optum Services, Inc	Bus Segment CFO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$19.23 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.37"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="751.59"/>
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 22 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ 2048.10

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596306936325

Amount of Each Receipt this Period 677.91

P/R Deduction (\$225.97 Bi-Weekly)

B. ROBERT 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 ▼ 2640.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596307036325

Amount of Each Receipt this Period 330.00

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

C. MICHAEL 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 Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596309336325

Amount of Each Receipt this Period 42.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 1049.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. DIANE FLYNN

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 ▼
936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1596309736325

Amount of Each Receipt this Period
117.00

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

Full Name (Last, First, Middle Initial)
B. JEFFREY DOOLEY

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 ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1596312136325

Amount of Each Receipt this Period
34.62

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

Full Name (Last, First, Middle Initial)
C. RICHARD DUNLOP

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR1596312336325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	181.62
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 239
(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. KURT 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 VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596313736325
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. KATHLEEN MALLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 SOUTH 167 AVENUE
 City OMAHA State NE Zip Code 68135-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596315436325
 Amount of Each Receipt this Period 115.38
 P/R Deduction (\$38.46 Bi-Weekly)

C. JOHN RENNICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 LAKEWOOD EDGE DRIVE
 City CHARLOTTE State NC Zip Code 28269-7705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596316836325
 Amount of Each Receipt this Period 57.69
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.07
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: (check only one)	PAGE 25 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input 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 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 ▼ 2307.60

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596317336325
Amount of Each Receipt this Period 288.45
P/R Deduction (\$96.15 Bi-Weekly)

B. KEVIN RUTH
Full Name (Last, First, Middle Initial)
Mailing Address 16621 ALEXANDER MANOR DRIVE
City SILVER SPRING State MD Zip Code 20905-5028
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596317436325
Amount of Each Receipt this Period 288.45
P/R Deduction (\$96.15 Bi-Weekly)

C. DAVID STURKEY
Full Name (Last, First, Middle Initial)
Mailing Address 1625 CONE FLOWER WAY
City SUWANEE State GA Zip Code 30024-8576
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596318436325
Amount of Each Receipt this Period 117.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 693.90
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 26 OF 239
	(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. ROXANNE THOMAS
Full Name (Last, First, Middle Initial)

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 ▼
276.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596318936325

Amount of Each Receipt this Period
34.62

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

B. JEFFREY TODD
Full Name (Last, First, Middle Initial)

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code
BAYPORT MN 55003-1607

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

Name of Employer Occupation
United HealthCare Services Inc VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596319036325

Amount of Each Receipt this Period
75.00

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

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

Mailing Address PO BOX 43216
3741 DUNBAR KNOLL

City State Zip Code
BROOKLYN PARK MN 55443-0216

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

Name of Employer Occupation
United HealthCare Services Inc Dir Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596319136325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	139.62
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 27 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FRANK 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 ▼ 240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596319436325

Amount of Each Receipt this Period 30.00

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

B. M LAURIE WASSERSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105-5205

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

Name of Employer United HealthCare Services Inc Occupation PS NA VP Clnt Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596319536325

Amount of Each Receipt this Period 57.69

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

C. MYRON WERLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4260 FOXBERRY COURT

City MEDINA State MN Zip Code 55340-9390

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1596319636325

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.69

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 239
	(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 WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 7 CLIFFORD AVENUE

City TOLLAND State CT Zip Code 06084-2535

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1596320036325

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930-3020

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

Name of Employer Optum Services, Inc Occupation VP Info Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1600597336325

Amount of Each Receipt this Period 117.00

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

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3343

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

Name of Employer Optum Services, Inc Occupation VP GM PCM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1600598536325

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 447.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 239
	<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. LEWIS SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1600598736325
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. MATTHEW PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1602669936325
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JEFFREY MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1613243536325
 Amount of Each Receipt this Period 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	888.45
TOTAL This Period (last page this line 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 30 OF 239
	(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. WILLIAM KENNEDY

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013-1327

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR1653443136325

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435-4150

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

Name of Employer UHC International Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4615.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR1653443236325

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416-4346

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

Name of Employer United HealthCare Services Inc Occupation VP Sls Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR1653444336325

Amount of Each Receipt this Period
173.10

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

SUBTOTAL of Receipts This Page (optional).....▶	810.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERT HOLMAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR1653445036325
Mailing Address N12464 HORSESHOE BEND RD		Amount of Each Receipt this Period 30.00
City MINONG	State WI	Zip Code 54859-8026
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Prov Reimb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. DANIEL SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR1653445836325
Mailing Address 57 QUORN HUNT ROAD		Amount of Each Receipt this Period 225.45
City WEST SIMSBURY	State CT	Zip Code 06092-2524
FEC ID number of contributing federal political committee. C		P/R Deduction (\$75.15 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 ▼ 849.45	

Full Name (Last, First, Middle Initial) C. ELIZABETH CORBIN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR1669432236325
Mailing Address 7985 LEA CIRCLE		Amount of Each Receipt this Period 300.00
City BLOOMINGTON	State MN	Zip Code 55438-1286
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Hlth Care Initiv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional).....▶	555.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 DESTWOLINSKI
Full Name (Last, First, Middle Initial)

Mailing Address 4247 ROSE PETAL COURT

City ELLICOTT CITY State MD Zip Code 21043-4973

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

Name of Employer United HealthCare Services Inc Occupation Dir Preservice Review

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1806441636325

Amount of Each Receipt this Period 22.00

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

B. WILLIAM TALAMANTES
Full Name (Last, First, Middle Initial)

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066-1342

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

Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1806444736325

Amount of Each Receipt this Period 120.00

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

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

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143-9211

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR1806750136325

Amount of Each Receipt this Period 34.62

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

SUBTOTAL of Receipts This Page (optional).....▶ 176.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 239
	(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. PAUL EMERSON

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code
PRIOR LAKE MN 55372-3133

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

Name of Employer Occupation
Optum Services, Inc COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1806750336325

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 416 BEAR AVE S

City State Zip Code
VADNAIS HEIGHTS MN 55127-7078

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

Name of Employer Occupation
Optum Services, Inc Dir IT Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1832039836325

Amount of Each Receipt this Period
28.50

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

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

Mailing Address 57 SIMMONS LANE

City State Zip Code
SEVERNA PARK MD 21146-1921

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

Name of Employer Occupation
United HealthCare Services Inc VP Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2328.00

Date of Receipt
11 / 24 / 2014

Transaction ID : PR1903550736325

Amount of Each Receipt this Period
291.00

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

SUBTOTAL of Receipts This Page (optional).....▶	434.88
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 34 OF 239
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. KATHLEEN BISHOP-HEROUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903560836325
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903577136325
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903578136325
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 239
	<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. CHRISTOPHER JOHNSON
 Full Name (Last, First, Middle Initial)
 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 ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903591136325
 Amount of Each Receipt this Period
 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. STEVEN PENN
 Full Name (Last, First, Middle Initial)
 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 ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903612936325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOHN SANTELLI
 Full Name (Last, First, Middle Initial)
 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 ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1903622036325
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	459.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7019 DONLEA LANE

City EDEN PRAIRIE State MN Zip Code 55346-3164

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1903628636325

Amount of Each Receipt this Period **42.00**

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

B. PAUL 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 ▼ **461.52**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1903636936325

Amount of Each Receipt this Period **57.69**

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

C. 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 ▼ **276.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1910417436325

Amount of Each Receipt this Period **34.62**

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

SUBTOTAL of Receipts This Page (optional)..... **134.31**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BRADLEY ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA	State WI	Zip Code 54155-8632
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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 ▼ **440.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119466836325

Amount of Each Receipt this Period

60.00

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

B. JON 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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119467836325

Amount of Each Receipt this Period

30.00

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

C. RUSSELL 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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119468036325

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 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 39 OF 239
<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. RICHARD 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119471836325

Amount of Each Receipt this Period

75.00

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

B. KENNETH DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 315 N 71ST ST

City SEATTLE	State WA	Zip Code 98103-5019
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119472536325

Amount of Each Receipt this Period

60.00

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

C. LINDA DAYAN
Full Name (Last, First, Middle Initial)
Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH	State CA	Zip Code 90815-3023
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Chief of Staff
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119472636325

Amount of Each Receipt this Period

57.00

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

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1390 FINCH LN

City GREEN BAY State WI Zip Code 54313-6400

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119472836325

Amount of Each Receipt this Period **45.00**

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

B. TARA DUNGAN
Full Name (Last, First, Middle Initial)

Mailing Address 619 HIGH COUNTRY RIDGE

City SAN ANTONIO State TX Zip Code 78260-1829

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir, Clin Appeals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119473236325

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115-9456

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119475236325

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 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: (check only one)	PAGE 41 OF 239
	<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. DAVID HANSEN		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2119476736325
Mailing Address 33 VIA CONOCIDO		Amount of Each Receipt this Period 405.00
City SAN CLEMENTE	State CA	Zip Code 92673-7044
FEC ID number of contributing federal political committee. C		P/R Deduction (\$135.00 Bi-Weekly)
Name of Employer UnitedHealth Networks	Occupation VP Ntwk Contrctng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3240.00	

Full Name (Last, First, Middle Initial) B. ANNE HARVEY		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2119477236325
Mailing Address 4916 THOR WAY		Amount of Each Receipt this Period 30.00
City CARMICHAEL	State CA	Zip Code 95608-5650
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Ntwk Contrctng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. PAULINE HAYES		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2119477436325
Mailing Address PO BOX 839		Amount of Each Receipt this Period 30.00
City HUNTINGTON BEACH	State CA	Zip Code 92648-0839
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	465.00
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. SAMUEL HO		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 4220 OCEAN DR		Transaction ID : PR2119477936325
City MANHATTAN BEACH	State CA	Zip Code 90266-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 461.40
Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3691.20	

Full Name (Last, First, Middle Initial) B. DONNA L HUSER		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 406 SKYTRAIL DR		Transaction ID : PR2119478636325
City NEW BRAUNFELS	State TX	Zip Code 78130-9010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Optum Services, Inc	Occupation Clms Bus Proc Anlyst	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. BRIAN JEFFREY		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 9 RIMROCK		Transaction ID : PR2119479136325
City IRVINE	State CA	Zip Code 92603-3604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer United HealthCare Services Inc	Occupation Regn Pres Ntwk Mgmt	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	566.40
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: PAGE 43 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. JOHN JONES
 Mailing Address 3562 REDWOOD
 City State Zip Code
 IRVINE CA 92606-2124
 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 ▼
 2304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119479236325
 Amount of Each Receipt this Period
 288.00
 P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARK KNUTSON
 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119480236325
 Amount of Each Receipt this Period
 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SANDY M LUEDKE
 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 Services Inc IT Database Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119482236325
 Amount of Each Receipt this Period
 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.00
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input 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 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119482536325
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JEFFREY MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 SHEMIRAN ST
 City LA VERNE State CA Zip Code 91750-2380
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119483036325
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CAROLYN 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2119484836325
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 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: (check only one)	PAGE 45 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. SCOTT 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 ▼ **318.78**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2119484936325
 Amount of Each Receipt this Period **69.39**
 P/R Deduction (\$23.13 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 Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2119485036325
 Amount of Each Receipt this Period **60.00**
 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 Services Inc Occupation Mgr Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2119485236325
 Amount of Each Receipt this Period **45.00**
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **174.39**
TOTAL This Period (last page this line 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 239
	(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 OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1825 GALINDO AVE APT 416

City CONCORD	State CA	Zip Code 94520-2696
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119485336325

Amount of Each Receipt this Period

30.00

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 Services Inc	Occupation Sr Field Acct Mgr
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119485836325

Amount of Each Receipt this Period

75.00

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

C. DIANA 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 ▼ **288.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119486336325

Amount of Each Receipt this Period

36.00

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

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ **360.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119486436325

Amount of Each Receipt this Period **45.00**

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

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

Mailing Address 14 LOCH RIDGE DRIVE

City GREENSBORO State NC Zip Code 27408-3868

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119486736325

Amount of Each Receipt this Period **405.00**

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

C. CYNTHIA POLICH
Full Name (Last, First, Middle Initial)

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718-3371

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

Name of Employer United HealthCare Services Inc Occupation SVP Strat Initiv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119486836325

Amount of Each Receipt this Period **300.00**

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

SUBTOTAL of Receipts This Page (optional)..... **750.00**

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 48 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES PROCHNOW
Full Name (Last, First, Middle Initial)

Mailing Address 143 RUSTIC OAK DRIVE

City LUXEMBURG State WI Zip Code 54217-7320

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

Name of Employer United HealthCare Services Inc Occupation Dir Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119487236325

Amount of Each Receipt this Period **42.00**

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

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

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603-0621

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 ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119487936325

Amount of Each Receipt this Period **136.89**

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

C. DEBBIE E ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 413 DOE RUN RD

City SEQUIM State WA Zip Code 98382-4704

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2119488636325

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	208.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Services Inc Occupation Bus Dvlp Ana
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2119489336325
Amount of Each Receipt this Period 30.00
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 ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2119490136325
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

C. RONALD STETTLER
Full Name (Last, First, Middle Initial)
Mailing Address 6028 SCOTMIST DR
City RANCHO PALOS VERDES State CA Zip Code 90275-3349
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 ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2119490436325
Amount of Each Receipt this Period 30.00
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 50 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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 STYERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 6485 WAYFINDERS CT		Transaction ID : PR2119490736325
City CARLSBAD	State CA	Zip Code 92011-4076
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 VP Med Clin Ops	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. CHERYL TANIGAWA MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 5598 NAPLES CANAL		Transaction ID : PR2119491136325
City LONG BEACH	State CA	Zip Code 90803-4018
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 288.45
Name of Employer United HealthCare Services Inc	Occupation SVP Entrprs Hlth Svs	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 ▼ 2019.15	

Full Name (Last, First, Middle Initial) C. CHERYL THOMSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 222 FOREST DR		Transaction ID : PR2119491636325
City SOBIESKI	State WI	Zip Code 54171-9748
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
Name of Employer United HealthCare Services Inc	Occupation Dir Compli	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	393.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ 2304.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2119492036325

Amount of Each Receipt this Period
288.00

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 ▼ 960.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2119492636325

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 4536 ROCKY RUN LN

City OCONTO State WI Zip Code 54153-9268

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2119493236325

Amount of Each Receipt this Period
34.62

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 442.62

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 52 OF 239
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LINDA DAUGHERTY		Date of Receipt
Mailing Address 15442 NORTH 19TH WAY		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
PHOENIX	AZ	85022-3329
FEC ID number of contributing federal political committee.		Transaction ID : PR2119493536325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	Assc Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) B. GREGORY WRIGHT		Date of Receipt
Mailing Address 13901 MAUVE DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
SANTA ANA	CA	92705-2649
FEC ID number of contributing federal political committee.		Transaction ID : PR2119494136325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
United HealthCare Services Inc	Regn CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. GEORGE YOUNG		Date of Receipt
Mailing Address 36296 N 98TH WAY		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCOTTSDALE	AZ	85262-3138
FEC ID number of contributing federal political committee.		Transaction ID : PR2119494436325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 PARKER	State CO	Zip Code 80138-3064
----------------	-------------	------------------------

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

Name of Employer UnitedHealth Group, Inc.	Occupation SB Acct Exec
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2119494536325

Amount of Each Receipt this Period

30.00

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

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

Mailing Address PO BOX 2083

City CYPRESS	State CA	Zip Code 90630-1583
-----------------	-------------	------------------------

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 ▼ **4000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2126373836325

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$500.00 Bi-Weekly)

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

Mailing Address 380 LEAF STREET

City ORONO	State MN	Zip Code 55356-9733
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2133132436325

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1830.00
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 54 OF 239
	<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 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 ▼ 288.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2133132536325
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$12.00 Bi-Weekly)

B. DANIEL CUMMINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1929 FAIRMOUNT AVE
 City SAINT PAUL State MN Zip Code 55105-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2133132636325
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. BROR HULTGREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2235.54

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2133133236325
 Amount of Each Receipt this Period 396.63
 P/R Deduction (\$132.21 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	477.63
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 55 OF 239
(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. ALLEN MILLER

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 ▼
 840.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2133133636325

Amount of Each Receipt this Period
 105.00

P/R Deduction (\$35.00 Bi-Weekly)

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

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 ▼
 4632.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2133133836325

Amount of Each Receipt this Period
 579.00

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

Full Name (Last, First, Middle Initial)
C. KIMBERLY NETTLETON

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 ▼
 360.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2133133936325

Amount of Each Receipt this Period
 45.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 729.00

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 56 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City State Zip Code
 MINNEAPOLIS MN 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Fin Plng Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4615.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2133134236325
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIANE SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City State Zip Code
 KINGWOOD TX 77339-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2133134636325
 Amount of Each Receipt this Period
 75.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. ANITA SHIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7729 KENSINGTON MANOR LANE
 City State Zip Code
 WAKE FOREST NC 27587-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2133134736325
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	681.90
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 57 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 COLE
Full Name (Last, First, Middle Initial)

Mailing Address 9790 FOXWORTH DRIVE

City State Zip Code
JOHNS CREEK GA 30022-6259

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

Name of Employer Occupation
United HealthCare Services Inc UHC SIs RVP KA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2145728336325

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082-8304

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **923.04**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2145728436325

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 8 DURANGO COURT

City State Zip Code
ALISO VIEJO CA 92656-8068

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

Name of Employer Occupation
Optum Services, Inc Bus Segment CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2145729136325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... **175.38**

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 58 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code
 IRVINE CA 92603-3840

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

Name of Employer Occupation
 Optum Services, Inc SVP Clnt Relationship

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2145729236325

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code
 AUSTIN TX 78737-9358

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Affs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2145729536325

Amount of Each Receipt this Period
45.00

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

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

Mailing Address 4200 ALDEN DRIVE

City State Zip Code
 EDINA MN 55416-5010

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **4632.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2145729936325

Amount of Each Receipt this Period
579.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **664.00**

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 59 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RANDALL SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 20607 BROADWATER DRIVE

City LAND O LAKES State FL Zip Code 34638-8328

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2145730036325

Amount of Each Receipt this Period **34.62**

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

B. MARGARET 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 ▼ **1200.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2145730236325

Amount of Each Receipt this Period **150.00**

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

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

Mailing Address 222 IRON WORKS WAY

City WAYNE State PA Zip Code 19087-4213

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

Name of Employer Optum Services, Inc Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2162866936325

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	214.62
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID 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 ▼
4615.20

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2162867636325

Amount of Each Receipt this Period
576.90

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

B. KURT 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 ▼
276.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2203967536325

Amount of Each Receipt this Period
34.62

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

C. CHRISTINE 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 ▼
2769.12

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2225166736325

Amount of Each Receipt this Period
346.14

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

SUBTOTAL of Receipts This Page (optional).....▶	957.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.80

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2225813636325
 Amount of Each Receipt this Period 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

B. NANCY 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2225818436325
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. MICHAEL MCGUIRE
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 DRURY LANE
 City WYCKOFF State NJ Zip Code 07481-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 822.85

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2225818836325
 Amount of Each Receipt this Period 265.71
 P/R Deduction (\$88.57 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	483.81
TOTAL This Period (last page this line 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 239
	(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. ERIC 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 ▼ **4615.20**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2225819336325

Amount of Each Receipt this Period **576.90**

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

B. JOHN 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 ▼ **923.04**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2225819636325

Amount of Each Receipt this Period **115.38**

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

C. ROY 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 Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.08**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2225819736325

Amount of Each Receipt this Period **230.76**

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

SUBTOTAL of Receipts This Page (optional).....	923.04
TOTAL This Period (last page this line 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 239
	(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 CORNE
Full Name (Last, First, Middle Initial)

Mailing Address 12642 CHIEFS COURT

City FISHERS State IN Zip Code 46037-9553

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

Name of Employer United HealthCare Services Inc Occupation VP Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2231346936325

Amount of Each Receipt this Period **42.00**

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

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

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256-8408

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2231347236325

Amount of Each Receipt this Period **90.00**

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

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

Mailing Address 10823 MOORS END CIRCLE

City FISHERS State IN Zip Code 46038-2612

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2231352336325

Amount of Each Receipt this Period **240.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	372.00
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 64 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116-1730

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

Name of Employer Optum Services, Inc Occupation Chief Tech Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2247625836325

Amount of Each Receipt this Period
300.00

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 ▼ 221.03

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2247626336325

Amount of Each Receipt this Period
28.83

P/R Deduction (\$9.61 Bi-Weekly)

C. JOSEPH CARCIONE
Full Name (Last, First, Middle Initial)

Mailing Address 11 CARRIAGE WAY

City WHITE PLAINS State NY Zip Code 10605-5424

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.80

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2247626836325

Amount of Each Receipt this Period
173.10

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 239
	<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. KEVIN KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City State Zip Code
 MINNETRISTA MN 55364-3201
 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 ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2247627036325
 Amount of Each Receipt this Period
 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DENNIS O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City State Zip Code
 COS COB CT 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2247627336325
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. JEFFERY VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City State Zip Code
 WEST SIMSBURY CT 06092-2017
 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 ▼
 1384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2247627436325
 Amount of Each Receipt this Period
 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	578.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2328.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2259738436325

Amount of Each Receipt this Period
 291.00

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

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

Mailing Address 800 W 38TH APT 9101

City AUSTIN State TX Zip Code 78705-1199

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 ▼ 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2270522936325

Amount of Each Receipt this Period
 115.38

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

C. CAROLE CURRY
Full Name (Last, First, Middle Initial)

Mailing Address 411 FLEECE FLOWER DRIVE

City GAITHERSBURG State MD Zip Code 20878-2646

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2402315736325

Amount of Each Receipt this Period
 42.00

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

SUBTOTAL of Receipts This Page (optional).....▶	448.38
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 68 OF 239
(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. MJ FRASCINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 PIONEER DRIVE
 City State Zip Code
 ELLINGTON CT 06029-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2402316536325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2402317336325
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. ANGELA KEPLEY CARRIER
 Full Name (Last, First, Middle Initial)
 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 ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2402317736325
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 132.00
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 69 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402317936325
 Amount of Each Receipt this Period **60.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2265.70**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402318236325
 Amount of Each Receipt this Period **351.30**
 P/R Deduction (\$117.10 Bi-Weekly)

C. MARIA MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7511 4TH AVENUE DRIVE NW
 City BRADENTON State FL Zip Code 34209-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402318436325
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **451.30**
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 70 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STACY MCGRATH
Full Name (Last, First, Middle Initial)
Mailing Address 5801 CHOWEN AVE S
City EDINA State MN Zip Code 55410-2759
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Dir Proj Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402318536325
Amount of Each Receipt this Period **45.00**
P/R Deduction (\$15.00 Bi-Weekly)

B. RICHARD MOCKLER
Full Name (Last, First, Middle Initial)
Mailing Address 2619 S KIHEI RD #B511
City KIHEI State HI Zip Code 96753-6217
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation VP Bus Dvlp
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402318736325
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$10.00 Bi-Weekly)

C. ANDREA MORRISON DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 2 LAKESHIRE COURT
City OWINGS MILLS State MD Zip Code 21117-1246
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Acct Mgt Cons Clnt Svc
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2402318936325
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **105.00**
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 239
	<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. LYNN ZEPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 22503 MAGNOLIA TRACE BOULEVARD
 City LUTZ State FL Zip Code 33549-9306
 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 ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2402320936325
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. SHELLEY CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City LAS VEGAS State NV Zip Code 89108-5245
 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 ▼ 825.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2402444436325
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. JAY ANLIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 MOUNTAIN LANE
 City WAUSAU State WI Zip Code 54401-8543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO TPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2402445036325
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 72 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAMES BECKER		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 378 FERNDALE ROAD WEST		Transaction ID : PR2402445136325
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3692.40	
		Amount of Each Receipt this Period 461.55
		P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JAMES COLEMAN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4720 WEST 66TH STREET		Transaction ID : PR2402445236325
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 SVP Empl Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
		Amount of Each Receipt this Period 300.00
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JOHN LARSEN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 11688 TANGLEWOOD DRIVE		Transaction ID : PR2402445636325
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4632.00	
		Amount of Each Receipt this Period 579.00
		P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1340.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 HIGA
Full Name (Last, First, Middle Initial)
Mailing Address 2208 ELM AVENUE

City MANHATTAN BEACH	State CA	Zip Code 90266-2809
-------------------------	-------------	------------------------

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2402446236325

Amount of Each Receipt this Period

90.00

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

B. CORY ALEXANDER
Full Name (Last, First, Middle Initial)
Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE	State MD	Zip Code 20815-5234
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP External Affairs
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4615.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2405428836325

Amount of Each Receipt this Period

576.90

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

C. PETER WALSH
Full Name (Last, First, Middle Initial)
Mailing Address 495 HIGHCROFT ROAD

City WAYZATA	State MN	Zip Code 55391-1548
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2328.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2405431136325

Amount of Each Receipt this Period

291.00

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

SUBTOTAL of Receipts This Page (optional).....▶	957.90
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 75 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. JEFFREY CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City State Zip Code
 DUBLIN OH 43017-3424

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2437119736325

Amount of Each Receipt this Period
 60.00

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

Full Name (Last, First, Middle Initial)
B. ANA FUENTEVILLA

Mailing Address 4815 N CAMINO ESCUELA

City State Zip Code
 TUCSON AZ 85718-5913

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2437119836325

Amount of Each Receipt this Period
 30.00

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

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

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 ▼
 923.04

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2437120036325

Amount of Each Receipt this Period
 115.38

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.38

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 76 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RITA JOHNSON-MILLS
Full Name (Last, First, Middle Initial)
Mailing Address 235 GOVERNORS WAY
City BRENTWOOD State TN Zip Code 37027-8931
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 ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2437120136325
Amount of Each Receipt this Period 45.00
P/R Deduction (\$15.00 Bi-Weekly)

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

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2437120436325
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Bi-Weekly)

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

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2437120536325
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 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 77 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2437120736325

Amount of Each Receipt this Period
180.00

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

B. LAURA 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 ▼ **936.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2437121536325

Amount of Each Receipt this Period
117.00

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

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

Mailing Address 1837 SUMMIT LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118-4137

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

Name of Employer Occupation
United HealthCare Services Inc Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4601.60**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2437121636325

Amount of Each Receipt this Period
597.60

P/R Deduction (\$199.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	894.60
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 78 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. PETER RAINEY		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2437127536325
Mailing Address 3115 WEST 47 STREET		Amount of Each Receipt this Period 345.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2760.00	P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ROBIN LIPPERT		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2439928036325
Mailing Address UNIT 9600 BOX 2		Amount of Each Receipt this Period 576.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.44	P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. STEPHEN HEYMAN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2444265736325
Mailing Address 5300 SHERRILL AVENUE		Amount of Each Receipt this Period 300.00
City CHEVY CHASE	State MD	Zip Code 20815-3720
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Govt Affs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1221.93
TOTAL This Period (last page this line 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 79 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. JAMES MURPHY

Mailing Address 113 CANNON CT W

City State Zip Code
PONTE VEDRA BEACH FL 32082-3954

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 ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2444561436325

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD LANGER

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 ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2445015436325

Amount of Each Receipt this Period
60.00

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

Full Name (Last, First, Middle Initial)
C. NANCY LIND

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 ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2445016236325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2602.00
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 80 OF 239
<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. AMY ADLINGTON SHKABERIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4428 XERXES AVENUE S
 City State Zip Code
 MINNEAPOLIS MN 55410-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2445016436325
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

B. LILLI ANN HIRSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 DEVIN LANE
 City State Zip Code
 SHAKOPEE MN 55379-7029
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2445016736325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LENYS ALCOREZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 SANTA FE COURT
 City State Zip Code
 VIRGINIA BEACH VA 23456-6744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Sls Mktg C S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2445016836325
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	360.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARK DUHAIME			Date of Receipt
Mailing Address 5781 RUBY DRIVE			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR2445016936325
TROY	MI	48085-3922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="288.45"/>
Name of Employer	Occupation		P/R Deduction (\$96.15 Bi-Weekly)
Optum Services, Inc	Mkt Grp CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="2307.60"/>

Full Name (Last, First, Middle Initial) B. DAVID SIEGEL			Date of Receipt
Mailing Address 264 LAKEWOOD DRIVE			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR2445017136325
BLOOMFIELD HILLS	MI	48304-3531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="136.89"/>
Name of Employer	Occupation		P/R Deduction (\$45.63 Bi-Weekly)
United HealthCare Services Inc	Med Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="1095.12"/>

Full Name (Last, First, Middle Initial) C. EILEEN LIVERANI			Date of Receipt
Mailing Address 100 BOSTOCK ROAD			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : PR2460167236325
SHOKAN	NY	12481-5400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.10"/>
Name of Employer	Occupation		P/R Deduction (\$27.70 Bi-Weekly)
United HealthCare Services Inc	Dir Cust Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
			<input type="text" value="664.80"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="508.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 239
	(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. DANIEL KRAJNOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077-8135

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2460167336325

Amount of Each Receipt this Period 60.00

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

B. 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 United HealthCare Services Inc Occupation SVP Human Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 331.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2460167536325

Amount of Each Receipt this Period 41.40

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

C. LARRY 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 EVP UHG CEO Optum

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2460168136325

Amount of Each Receipt this Period 576.90

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 678.30

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 83 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DAVID ORBUCH		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2460168236325
Mailing Address 3370 SYCAMORE LANE		Amount of Each Receipt this Period 288.45
City PLYMOUTH	State MN	Zip Code 55441-2229
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Optum Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

Full Name (Last, First, Middle Initial) B. ERIC WEXLER		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2463723136325
Mailing Address 7220 WILLOW OAK DR		Amount of Each Receipt this Period 96.00
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081
FEC ID number of contributing federal political committee. C		P/R Deduction (\$32.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 768.00	

Full Name (Last, First, Middle Initial) C. PETER GILL		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2463724636325
Mailing Address 8380 MONTGOMERY COURT		Amount of Each Receipt this Period 2500.00
City EDEN PRAIRIE	State MN	Zip Code 55347-1402
FEC ID number of contributing federal political committee. C		P/R Deduction (\$2500.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Corp Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2884.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ 4470.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2480620536325

Amount of Each Receipt this Period 585.00

P/R Deduction (\$195.00 Bi-Weekly)

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

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 ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2484541536325

Amount of Each Receipt this Period 42.00

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

C. LILLIAN HECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL State PA Zip Code 19422-1371

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2484542136325

Amount of Each Receipt this Period 90.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 717.00

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 85 OF 239
	(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. MARK PHILLIPS		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2484542636325
Mailing Address 1760 LUCY RIDGE CT		Amount of Each Receipt this Period 288.45
City CHANHASSEN	State MN	Zip Code 55317-7661
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP SIs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

Full Name (Last, First, Middle Initial) B. DANIEL TROPEANO		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2484542836325
Mailing Address 270 RAVENSCLIFF RD		Amount of Each Receipt this Period 30.00
City SAINT DAVIDS	State PA	Zip Code 19087-4732
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. JERI KUBICKI		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2486697836325
Mailing Address 7659 COLDSTREAM DRIVE		Amount of Each Receipt this Period 576.90
City CINCINNATI	State OH	Zip Code 45255-3932
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Govt Affs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

SUBTOTAL of Receipts This Page (optional).....▶	895.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 MANDERFELD
Full Name (Last, First, Middle Initial)

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-5258

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2486697936325

Amount of Each Receipt this Period 120.00

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

B. LEANNE SCHEIBER
Full Name (Last, First, Middle Initial)

Mailing Address 1008 LEXINGTON AVE N

City NEW PRAGUE State MN Zip Code 56071-2027

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2486698136325

Amount of Each Receipt this Period 30.00

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

C. DIRK MCMAHON
Full Name (Last, First, Middle Initial)

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer United HealthCare Services Inc Occupation EVP ENTRPRS OPS/TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2491457036325

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 450.00

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 87 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 NATHAN
Full Name (Last, First, Middle Initial)

Mailing Address 275 GREENWICH STREET #30

City NEW YORK	State NY	Zip Code 10007-2150
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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 ▼
4411.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2491457336325

Amount of Each Receipt this Period
882.33

P/R Deduction (\$294.11 Bi-Weekly)

B. KATHRYN SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611-7435
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Regn CEO
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2491457536325

Amount of Each Receipt this Period
291.00

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

C. MARTIN TOOMB
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801-1605
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation VP IT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2538641536325

Amount of Each Receipt this Period
45.00

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

SUBTOTAL of Receipts This Page (optional).....	1218.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 239
<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. KARA 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: Dir Govt Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4615.20**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR2540175336325

Amount of Each Receipt this Period: **576.90**

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

B. HYLLIUS EDWARDS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER State CO Zip Code 80201-4246

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 ▼ **1200.00**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR2541300436325

Amount of Each Receipt this Period: **150.00**

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

C. PATRICIA 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: Dir Govt Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2303.60**

Date of Receipt: **11 / 24 / 2014**

Transaction ID : PR2541300636325

Amount of Each Receipt this Period: **294.45**

P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1021.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOELLE TIERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 5710 TAYCHOPERA RD

City MADISON State WI Zip Code 53705-1020

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **898.12**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2541300736325

Amount of Each Receipt this Period **115.32**

P/R Deduction (\$38.44 Bi-Weekly)

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2307.84**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2541300836325

Amount of Each Receipt this Period **288.48**

P/R Deduction (\$96.16 Bi-Weekly)

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W WINNEMAC AVE

City CHICAGO State IL Zip Code 60625-1817

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2542541936325

Amount of Each Receipt this Period **90.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	493.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICHARD RAMSAY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 543 E LURAY AVE		Transaction ID : PR2542542236325
City ALEXANDRIA	State VA	Zip Code 22301-1605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. IPYANA SPENCER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 4226 40TH STREET NORTH		Transaction ID : PR2542542336325
City ARLINGTON	State VA	Zip Code 22207-4610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
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 ▼ 720.00	

Full Name (Last, First, Middle Initial) C. ANNE YAU		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 9905 WOODLAND DRIVE		Transaction ID : PR2543582536325
City SILVER SPRING	State MD	Zip Code 20902-4047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 239
<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. CHANTA COMBS
Full Name (Last, First, Middle Initial)
Mailing Address 4229 SUMMERTREE DRIVE
City TALLAHASSEE State FL Zip Code 32311-3331
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 **4923.04**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2552313536325
Amount of Each Receipt this Period **115.38**
P/R Deduction (\$38.46 Bi-Weekly)

B. JEANNE PACE
Full Name (Last, First, Middle Initial)
Mailing Address 458 MORENO ROAD
City WYNNEWOOD State PA Zip Code 19096-1124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **936.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2552313736325
Amount of Each Receipt this Period **117.00**
P/R Deduction (\$39.00 Bi-Weekly)

C. JEFFREY ALTER
Full Name (Last, First, Middle Initial)
Mailing Address 3 WOODLAND ROAD
City PORT JEFFERSON State NY Zip Code 11777-1053
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 **4442.28**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2552960236325
Amount of Each Receipt this Period **836.49**
P/R Deduction (\$278.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1068.87
TOTAL This Period (last page this line number only).....	

SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 BLOCHER
Full Name (Last, First, Middle Initial)
Mailing Address 78 PATTI LYNN LANE

City HOUSTON	State TX	Zip Code 77024-7120
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FEC ID number of contributing federal political committee. **C**

Name of Employer Optum Services, Inc	Occupation Assc Behvrl Med Dir
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2552960736325

Amount of Each Receipt this Period

30.00

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
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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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2552961036325

Amount of Each Receipt this Period

42.00

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

C. MARK BRUNELL
Full Name (Last, First, Middle Initial)
Mailing Address 20 VERMILION CLIFFS

City ALISO VIEJO	State CA	Zip Code 92656-8096
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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 ▼ **336.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2552961236325

Amount of Each Receipt this Period

42.00

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

SUBTOTAL of Receipts This Page (optional).....▶	114.00
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 11700 ARBORHILL DRIVE

City ZIONSVILLE State IN Zip Code 46077-9683

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 ▼ **840.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552961336325

Amount of Each Receipt this Period **105.00**

P/R Deduction (\$35.00 Bi-Weekly)

B. MICHAEL COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3325 LACEBARK PINE STREET

City LAS VEGAS State NV Zip Code 89129-8134

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

Name of Employer Southwest Medical Assoc. Inc. Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552961436325

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 10051 VALLEY RIDGE COURT

City LAS VEGAS State NV Zip Code 89148-7602

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

Name of Employer Health Plan of Nevada Occupation Dir Apps Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552962236325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	177.00
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 239
	<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. SCOTT FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2552962336325
 Amount of Each Receipt this Period
 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WILLIAM GWINN
 Full Name (Last, First, Middle Initial)
 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 ▼ 336.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2552962636325
 Amount of Each Receipt this Period
 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

C. CLAIRE HANNAN
 Full Name (Last, First, Middle Initial)
 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 ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2552962736325
 Amount of Each Receipt this Period
 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	276.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. OREN HERMEL
Full Name (Last, First, Middle Initial)

Mailing Address 7705 WALDEN BLVD

City WAUSAU State WI Zip Code 54401-9006

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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552962836325

Amount of Each Receipt this Period **42.00**

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

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

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2247.15**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552963236325

Amount of Each Receipt this Period **379.23**

P/R Deduction (\$126.41 Bi-Weekly)

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

Mailing Address 6705 SOUTHCREST DRIVE

City EDINA State MN Zip Code 55435-1549

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552963436325

Amount of Each Receipt this Period **14.00**

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

SUBTOTAL of Receipts This Page (optional)..... **435.23**

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. NARASIMHAN KIDAMBI
Full Name (Last, First, Middle Initial)

Mailing Address 18477 85TH AVE N

City MAPLE GROVE State MN Zip Code 55311-1663

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Bus Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2552963836325

Amount of Each Receipt this Period
60.00

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

B. KENNETH LANTER
Full Name (Last, First, Middle Initial)

Mailing Address 140 WILLING WAY

City TROY State IL Zip Code 62294-1287

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Sls Producing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2552964036325

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 6268 ORCHARD PARK

City FRISCO State TX Zip Code 75034-5126

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 ▼ **5000.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2552964236325

Amount of Each Receipt this Period
96.15

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

SUBTOTAL of Receipts This Page (optional)..... **186.15**

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JULIE MACLEOD
Full Name (Last, First, Middle Initial)

Mailing Address 15314 JEFFERS PASS NW

City PRIOR LAKE State MN Zip Code 55372-3614

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

Name of Employer Optum Services, Inc Occupation Human Capital Partner Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552964436325

Amount of Each Receipt this Period **42.00**

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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552964736325

Amount of Each Receipt this Period **42.00**

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

C. CARL MATTSON
Full Name (Last, First, Middle Initial)

Mailing Address 539 ROUTE 9P

City SARATOGA SPRINGS State NY Zip Code 12866-7279

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

Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552964836325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **126.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. REBECCA MCCABE
Full Name (Last, First, Middle Initial)
Mailing Address 111 CONNORS CIRCLE
City CARY State NC Zip Code 27511-6693
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2552964936325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

B. MICHAEL MORRIS
Full Name (Last, First, Middle Initial)
Mailing Address 2624 N HARTLAND COURT
City CHICAGO State IL Zip Code 60614-4955
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 358.68

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2552965036325
Amount of Each Receipt this Period 61.86
P/R Deduction (\$20.62 Bi-Weekly)

C. LESLIE PAULUS
Full Name (Last, First, Middle Initial)
Mailing Address 305 E TUCKEY LN
City PHOENIX State AZ Zip Code 85012-1048
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2552965236325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.86
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 239
<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. GARY 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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552965336325

Amount of Each Receipt this Period **42.00**

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

B. DONALD POTTER
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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552965436325

Amount of Each Receipt this Period **42.00**

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

C. KRISTINE 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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2552965736325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **126.00**

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

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

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

FOR LINE NUMBER: PAGE 100 OF 239
(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. BARRY STREIT

Mailing Address 5421 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424-1604

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

Name of Employer Occupation
 United HealthCare Services Inc RVP Medicr Field Sls

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2552966736325

Amount of Each Receipt this Period
 117.00

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

Full Name (Last, First, Middle Initial)
B. ANN TINKER

Mailing Address 530 HUNTER FLAT STREET

City State Zip Code
 LAS VEGAS NV 89138-1110

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Compli

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2552966836325

Amount of Each Receipt this Period
 42.00

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

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

Mailing Address 534 WAYZATA BLVD E

City State Zip Code
 WAYZATA MN 55391-1727

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 ▼
 336.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2552966936325

Amount of Each Receipt this Period
 42.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.00

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 101 OF 239
	(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. AARON WACKER		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4704 CAVAN ROAD		Transaction ID : PR2552967036325
City MOUND	State MN	Zip Code 55364-1877
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Optum Services, Inc	Occupation Dir Apps Dev	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. GRETTA R WOODINGTON		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 10555 GARDEN ROSE DRIVE		Transaction ID : PR2552967236325
City LAS VEGAS	State NV	Zip Code 89135-2836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Optum Services, Inc	Occupation Pharmac	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. SCOTT NAASZ		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 14327 BLUEBIRD TRAIL NE		Transaction ID : PR2553474736325
City PRIOR LAKE	State MN	Zip Code 55372-1204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation VP Cust Service	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MONICA RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061-1084

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

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2553475136325

Amount of Each Receipt this Period 117.00

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

B. ANDREW 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 ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2553475336325

Amount of Each Receipt this Period 42.00

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

C. RICHARD 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 ▼ 2328.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2553475436325

Amount of Each Receipt this Period 291.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. DENEEN VOJTA		Date of Receipt
Mailing Address 5201 KELLOGG AVENUE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55424-1304
FEC ID number of contributing federal political committee.		Transaction ID : PR2553475536325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="579.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	SVP Bus Initiv Clin Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="4632.00"/>

Full Name (Last, First, Middle Initial) B. DANIEL ZERAF A		Date of Receipt
Mailing Address 61234 ADMIRAL DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON TOWNSHIP	MI	48094-1242
FEC ID number of contributing federal political committee.		Transaction ID : PR2553475736325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
Optum Services, Inc	VP Info Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="336.00"/>

Full Name (Last, First, Middle Initial) C. COLLEEN COHAN		Date of Receipt
Mailing Address 17402 SAINT THERESA DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLNEY	MD	20832-2547
FEC ID number of contributing federal political committee.		Transaction ID : PR2554012736325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Assc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="336.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="663.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHELLY ESPINOSA
Full Name (Last, First, Middle Initial)

Mailing Address 5101 BOARSHEAD ROAD #324

City MINNETONKA State MN Zip Code 55345-4059

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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2554012936325

Amount of Each Receipt this Period **42.00**

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

B. KARSTEN 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 ▼ **2400.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2554013036325

Amount of Each Receipt this Period **300.00**

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

C. PATRICK 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 Compli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2554013136325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **384.00**

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 105 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 10733 TAVISTOCK DRIVE

City State Zip Code
 TAMPA FL 33626-1718

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

Name of Employer Occupation
 Optum Services, Inc Sls Dir Care Mgmt & Del

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2554013236325

Amount of Each Receipt this Period
 42.00

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

Full Name (Last, First, Middle Initial)
B. GREGORY REIDY

Mailing Address 5251 MCGAVOCK RD

City State Zip Code
 BRENTWOOD TN 37027-5197

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2554013336325

Amount of Each Receipt this Period
 42.00

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

Full Name (Last, First, Middle Initial)
C. ALICE FERREIRA

Mailing Address 18 BRITTANY AVENUE

City State Zip Code
 TRUMBULL CT 06611-1105

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 866.71

Date of Receipt
 11 / 24 / 2014
Transaction ID : PR2554208136325

Amount of Each Receipt this Period
 200.01

P/R Deduction (\$66.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.01

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)
A. ASIR AHMAD

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 ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2560064036325

Amount of Each Receipt this Period
42.00

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

Full Name (Last, First, Middle Initial)
B. JOY ALEXANDER

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 Assc Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2560064136325

Amount of Each Receipt this Period
42.00

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

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

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 ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2560064236325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional)..... **126.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 239
	(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. DANIEL CLUTE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 7756 N 85TH STREET		Transaction ID : PR2560064436325
City OMAHA	State NE	Zip Code 68122-1281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2328.00	

Full Name (Last, First, Middle Initial) B. THOMAS COY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 6970 SUZANNE COURT		Transaction ID : PR2560064536325
City SCHENECTADY	State NY	Zip Code 12303-5285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. SANDRA LYNNE DRANSFIELD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 96 AVENIDA ALDEA		Transaction ID : PR2560064636325
City SANTA FE	State NM	Zip Code 87507-9449
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 Prod	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional).....▶	351.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 108 OF 239
	(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. PAULA GAZELEY
Full Name (Last, First, Middle Initial)

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL State NY Zip Code 12198-8018

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

Name of Employer Optum Services, Inc Occupation VP Regn Pharm Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2560064836325

Amount of Each Receipt this Period
42.00

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

B. DONALD 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 ▼ **4632.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2560064936325

Amount of Each Receipt this Period
579.00

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

C. JERI 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 ▼ **2223.91**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2560065136325

Amount of Each Receipt this Period
414.21

P/R Deduction (\$138.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1035.21**

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

**SCHEDULE A (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 239
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SHELDON LIPPMAN		Date of Receipt
Mailing Address 55 CLIFFFIELD ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BEDFORD	NY	10506-1210
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065436325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) B. JEFFREY LUCHT		Date of Receipt
Mailing Address 33 FOUR SEASONS DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
ALTON	NH	03809-4872
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065636325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	SVP Act Underwriting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) C. KEVIN MARONEY		Date of Receipt
Mailing Address 5052 NORMAN DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MINNETONKA	MN	55345-4636
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065736325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Assc Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="624.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DONALD MELNYK		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 141 MONROE STREET		Transaction ID : PR2560065936325
City GARFIELD	State NJ	Zip Code 07026-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.41
Name of Employer Optum Services, Inc	Occupation Sr IT Architecture Cnslt	P/R Deduction (\$21.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.05	

Full Name (Last, First, Middle Initial) B. DAVID MILICH		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 2702 BIRCHMERE COURT		Transaction ID : PR2560066036325
City KATY	State TX	Zip Code 77450-1303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) C. WILLIAM O'BRYANT		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 22191 WESTCLIFF		Transaction ID : PR2560066136325
City MISSION VIEJO	State CA	Zip Code 92692-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Optum Services, Inc	Occupation Sr Med Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	223.41
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 239
(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. RICHARD PERRIER
 Mailing Address 3161 EMERALD VALLEY ROAD
 City State Zip Code
 ELLICOTT CITY MD 21042-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2560066236325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD ROWE
 Mailing Address 5 LANTERN LANE
 City State Zip Code
 MAYNARD MA 01754-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Dir of AM producing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2560066536325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DENISE VAIL
 Mailing Address 35 CLEVELAND AVENUE
 City State Zip Code
 SAYVILLE NY 11782-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clnt Svc Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2560066836325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. DEBRA COLLINS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 3862 CARRIAGE HILL DRIVE		Transaction ID : PR2560398036325
City FREDERICK	State MD	Zip Code 21704-7313
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Prgms	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. KRISTA DICKMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 2533 ONYX DRIVE		Transaction ID : PR2560398136325
City SHAKOPEE	State MN	Zip Code 55379-2770
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr III	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. GEORGE KOREAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 6 VERANO		Transaction ID : PR2560398536325
City FOOTHILL RANCH	State CA	Zip Code 92610-1827
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	129.00
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 113 OF 239
	(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. GARY MURRAY

Mailing Address 13093 GROUSE POINTE COVE

City DRAPER	State UT	Zip Code 84020-8258
----------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation Dir Bus Risk Mgmt
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2560398736325

Amount of Each Receipt this Period

360.00

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

Full Name (Last, First, Middle Initial)
B. TIMOTHY NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55410-1968
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2292.81**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2560398836325

Amount of Each Receipt this Period

310.83

P/R Deduction (\$103.61 Bi-Weekly)

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

Mailing Address 622 N 11TH ST

City WAUSAU	State WI	Zip Code 54403-5004
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2560398936325

Amount of Each Receipt this Period

42.12

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	382.95
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JAMES CRONIN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2560821136325
Mailing Address 241 WALLACE RD		Amount of Each Receipt this Period 415.38
City BEDFORD	State NH	Zip Code 03110-5144
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation SVP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2223.04	P/R Deduction (\$138.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. PATRICK O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2560821436325
Mailing Address 33 BARRINGTON DRIVE		Amount of Each Receipt this Period 42.00
City BEDFORD	State NH	Zip Code 03110-5601
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARIE PERO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2560821536325
Mailing Address 516 APPLE LANE		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	499.38
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 115 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 7320 YORK AVE N

City State Zip Code
BROOKLYN PARK MN 55443-3544

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 ▼ **336.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2560821636325

Amount of Each Receipt this Period
42.00

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

B. BRIAN LUND
Full Name (Last, First, Middle Initial)

Mailing Address 464 EAST NORTH AVE

City State Zip Code
GRANTSBURG WI 54840-7423

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

Name of Employer Occupation
United HealthCare Services Inc Dir Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2561457636325

Amount of Each Receipt this Period
117.00

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

C. KEITH VOLLBERG
Full Name (Last, First, Middle Initial)

Mailing Address 1001 NANDINA DR

City State Zip Code
WESTON FL 33327-2481

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 ▼ **336.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2563207736325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional)..... **201.00**

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 116 OF 239
	<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 W CAVANAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 NE 20TH ST # 1010
 City WILTON MANORS State FL Zip Code 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Spc Ben Govt Dntl SlS Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2563211036325
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JACQULYN BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 112 TH COURT WEST
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2563211236325
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DIANE HUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 LITER COURT
 City ELLICOTT CITY State MD Zip Code 21042-1729
 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 ▼ 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2564296736325
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	189.00
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 117 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. JENNIFER WALSH		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1101 ROBERTA COURT		Transaction ID : PR2564296836325
City MCLEAN	State VA	Zip Code 22101-2114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2328.00	

Full Name (Last, First, Middle Initial) B. ANDREW MACKENZIE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1912 IRVING AVE S		Transaction ID : PR2564297136325
City MINNEAPOLIS	State MN	Zip Code 55403-2823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CMO	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. STEPHEN SWANSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 3001 HUNTINGTON COURT		Transaction ID : PR2564297336325
City KATY	State TX	Zip Code 77493-1159
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

SUBTOTAL of Receipts This Page (optional).....▶	708.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 OF 239
	(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. HARVEY BALTHASER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 3103 FLEECE FLOWER COVE		Transaction ID : PR2564297536325
City AUSTIN	State TX	Zip Code 78735-1539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) B. STEVEN WALLI		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 18615 CHARLEVOIX LANE		Transaction ID : PR2564297636325
City CHESTERFIELD	State MO	Zip Code 63005-6200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 423.60
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$141.20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.60	

Full Name (Last, First, Middle Initial) C. ELLEN DAMATO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1300 DALHART DRIVE		Transaction ID : PR2564802236325
City ALLEN	State TX	Zip Code 75013-5339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Dir Ntwk Contrctng	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	582.60
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 119 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. JOSH WILLSON		Date of Receipt
Mailing Address 201 ADAMS CT		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
COLLEYVILLE	TX	76034-6811
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802536325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	SB VP Sls Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER CARLSON		Date of Receipt
Mailing Address 12801 OVERLOOK ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
DAYTON	MN	55327-9678
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802636325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
United HealthCare Services Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) C. PAUL HANSEN		Date of Receipt
Mailing Address 18430 62ND PLACE NORTH		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MAPLE GROVE	MN	55311-4585
FEC ID number of contributing federal political committee.		Transaction ID : PR2564802736325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Controller Mkt Grp	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="393.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 120 OF 239
(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. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746-4103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2564802936325
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KATHERINE KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2564803236325
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2564803336325
 Amount of Each Receipt this Period 117.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 276.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. DARREN MOQUIST		Date of Receipt
Mailing Address 1200 NICOLLET MALL #507		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2564803436325
MINNEAPOLIS	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="206.32"/>
	55403-2408	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$96.16 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Bus Segment CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MARK BELLMAN		Date of Receipt
Mailing Address 5601 VAN WINKLE LN		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2564803536325
AUSTIN	TX	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="42.00"/>
	78739-1694	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	SB VP Sls Acct Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LISA WRIGHT		Date of Receipt
Mailing Address PO BOX 1941		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2564803736325
STAFFORD	TX	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="42.00"/>
	77497-1941	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="290.32"/>
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 122 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<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. TAMMY O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code
BROOKEVILLE MD 20833-3265

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2564803936325

Amount of Each Receipt this Period
117.00

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

Full Name (Last, First, Middle Initial)
B. DEBRA BERNS

Mailing Address 3209 GALLERIA UNIT 1705

City State Zip Code
EDINA MN 55435-2556

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

Name of Employer Occupation
United HealthCare Services Inc Chief Complnc/Ethics Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2328.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2564804036325

Amount of Each Receipt this Period
291.00

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

Full Name (Last, First, Middle Initial)
C. BARRY HOFER

Mailing Address 10464 SHELTER GROVE

City State Zip Code
EDEN PRAIRIE MN 55347-4855

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 ▼
336.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2564804136325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 123 OF 239
	(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. KATHRYN RUBIN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 310 SYCAMORE LANE		Transaction ID : PR2564804336325
City PLYMOUTH	State MN	Zip Code 55441-5615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 351.00
Name of Employer United HealthCare Services Inc	Occupation VP Social Resp/Pres Found	P/R Deduction (\$117.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2508.00	

Full Name (Last, First, Middle Initial) B. JARROD FORBES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 2121 PARK FOREST DRIVE		Transaction ID : PR2564804536325
City CHESTERFIELD	State MO	Zip Code 63017-5029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY WICKS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address PO BOX 44518		Transaction ID : PR2565448636325
City EDEN PRAIRIE	State MN	Zip Code 55344-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer Optum Services, Inc	Occupation Bus Segment CEO	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 ▼ 2584.58	

SUBTOTAL of Receipts This Page (optional).....▶	586.38
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 124 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DONNA CRAIG		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 10761 INDEPENDENCE WAY		Transaction ID : PR2565448836325
City CARMEL	State IN	Zip Code 46032-9333
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. THOMAS KUNST		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4872 103RD STREET		Transaction ID : PR2566302136325
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.12	
Name of Employer United HealthCare Services Inc	Occupation KA VP Sls Acct Mgmt	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) C. NEIL MANSUKHANI		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4215 LAUREL RIDGE CIRCLE		Transaction ID : PR2567129436325
City WESTON	State FL	Zip Code 33331-4012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer United HealthCare Services Inc	Occupation Dir PEO Sls	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	126.12
TOTAL This Period (last page this line 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 125 OF 239
	(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. DENISE ZAMORE

Mailing Address 12 NOLAN CIRCLE

City State Zip Code
MANCHESTER CT 06042-1777

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2567129536325

Amount of Each Receipt this Period
42.00

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

Full Name (Last, First, Middle Initial)
B. WENDY ARNONE

Mailing Address SKY SONG
1301 NO SCOTTSDALE ROAD

City State Zip Code
SCOTTSDALE AZ 85257-3493

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

Name of Employer Occupation
United HealthCare Services Inc Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2568900536325

Amount of Each Receipt this Period
390.00

P/R Deduction (\$130.00 Bi-Weekly)

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

Mailing Address 5105 CAPE COD COURT

City State Zip Code
BETHESDA MD 20816-2907

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 ▼
936.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2571777936325

Amount of Each Receipt this Period
117.00

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

SUBTOTAL of Receipts This Page (optional).....▶	549.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 OF 239
	(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. CHRISTOPHER PARRILLO		Date of Receipt
Mailing Address 9501 WEXCROFT DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2571778236325
BRENTWOOD	TN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="147.99"/>
	37027-3824	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$49.33 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Ntwk Contrctng	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="901.28"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BRUCE MOYER		Date of Receipt
Mailing Address 18426 MAGENTA BAY		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2571778336325
EDEN PRAIRIE	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="117.00"/>
	55347-1051	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer	Occupation	
Optum Services, Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DUSTIN HINTON		Date of Receipt
Mailing Address W132N6475 MARACH RD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2571978736325
MENOMONEE FALLS	WI	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="136.89"/>
	53051-6085	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$45.63 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="273.78"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="401.88"/>
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 127 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARCUS ROBINSON
Full Name (Last, First, Middle Initial)
Mailing Address 590 SPENDER TRACE
City DUNWOODY State GA Zip Code 30350-5018
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB Dir Sls Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2572588936325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

B. SHAUN JACQUET
Full Name (Last, First, Middle Initial)
Mailing Address 4332 FOREST RIDGE DRIVE
City SUAMICO State WI Zip Code 54313-8557
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 ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2572589336325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

C. JEFFREY DEAN
Full Name (Last, First, Middle Initial)
Mailing Address W5912 DEAN ROAD
City TOMAHAWK State WI Zip Code 54487-8314
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Fin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 855.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2572589436325
Amount of Each Receipt this Period 15.00
P/R Deduction (\$5.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	99.00
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 128 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1502 EAST AVENUE NORTH

City State Zip Code
 ONALASKA WI 54650-7003

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2572589536325

Amount of Each Receipt this Period
 42.00

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

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

Mailing Address 19480 ELBERT POINT

City State Zip Code
 EXCELSIOR MN 55331-6901

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
 11 / 24 / 2014

Transaction ID : PR2572589836325

Amount of Each Receipt this Period
 14.00

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

Full Name (Last, First, Middle Initial)
C. KEVIN CARLSON

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City State Zip Code
 EDINA MN 55424-1170

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

Name of Employer Occupation
 United HealthCare Services Inc VP Ntwk Contrctng

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2572590036325

Amount of Each Receipt this Period
 117.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.00

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 129 OF 239
(check only one)

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

Full Name (Last, First, Middle Initial)
A. CHARLES WACKER

Mailing Address **2747 WEST VIEW DRIVE**

City State Zip Code
NEW PRAGUE MN 56071-8989

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

Name of Employer Occupation
Optum Services, Inc Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2572590136325

Amount of Each Receipt this Period
42.00

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

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

Mailing Address **764 TOPAZ STREET**

City State Zip Code
NEW ORLEANS LA 70124-3624

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

Name of Employer Occupation
United HealthCare Services Inc SB KA Dir Sls AM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2572590636325

Amount of Each Receipt this Period
42.00

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

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

Mailing Address **1820 ROSEDALE**

City State Zip Code
EDMOND OK 73013-6638

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

Name of Employer Occupation
Optum Services, Inc Mgr Pharm Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2572590736325

Amount of Each Receipt this Period
45.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **129.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DIANE FELDER
Full Name (Last, First, Middle Initial)

Mailing Address 17406 LEDGEFIELD

City CYPRESS State TX Zip Code 77433-2064

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

Name of Employer Optum Services, Inc Occupation Assc Behvrl Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2572590836325

Amount of Each Receipt this Period **187.50**

P/R Deduction (\$62.50 Bi-Weekly)

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

Mailing Address 7131 E RANCHO VISTA DRIVE UNIT 3003

City SCOTTSDALE State AZ Zip Code 85251-1463

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 ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2572590936325

Amount of Each Receipt this Period **30.00**

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

C. THERESA CLARKE
Full Name (Last, First, Middle Initial)

Mailing Address 16652 1/2 GRAND AVE

City BELLFLOWER State CA Zip Code 90706-5038

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

Name of Employer Optum Services, Inc Occupation Assc Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2572591136325

Amount of Each Receipt this Period **117.00**

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

SUBTOTAL of Receipts This Page (optional)..... **334.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 131 OF 239
	(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. KIMBERLEY MILLER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 16 CELONOVA PLACE		Transaction ID : PR2572591236325
City FOOTHILL RANCH	State CA	Zip Code 92610-1942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. WEI SUN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 7049 FIRENZA PL		Transaction ID : PR2572591336325
City DUBLIN	State OH	Zip Code 43016-6199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Dir Act Svs	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. THOMAS WIFFLER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1421 SOMERFIELD DRIVE		Transaction ID : PR2572992736325
City BOLINGBROOK	State IL	Zip Code 60490-3207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 291.00
Name of Employer United HealthCare Services Inc	Occupation Bus Segment COO	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2328.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK 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 ▼ **230.88**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2573518736325

Amount of Each Receipt this Period **28.86**

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

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

Mailing Address 12370 PRINCETON AVENUE

City EDEN PRAIRIE State MN Zip Code 55347-1936

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 ▼ **283.85**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2574979036325

Amount of Each Receipt this Period **121.65**

P/R Deduction (\$40.55 Bi-Weekly)

C. LESLIE HARE
Full Name (Last, First, Middle Initial)

Mailing Address 9029 SHEEP RANCH CT

City LAS VEGAS State NV Zip Code 89143-5432

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

Name of Employer Health Plan of Nevada Occupation Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2574979436325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **192.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 OF 239
	(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. HEATHER CIANFROCCO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2574986236325
Mailing Address 2799 WEST BARDONNER ROAD		Amount of Each Receipt this Period 416.64
City GIBSONIA	State PA	Zip Code 15044-8462
FEC ID number of contributing federal political committee. C		P/R Deduction (\$138.88 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 ▼ 2222.08	

Full Name (Last, First, Middle Initial) B. JAMIE BURNETT		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2574988236325
Mailing Address 4625 EWING AVENUE SOUTH		Amount of Each Receipt this Period 117.00
City MINNEAPOLIS	State MN	Zip Code 55410-1745
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 ▼ 936.00	

Full Name (Last, First, Middle Initial) C. SHELONDA AGEE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : PR2574997636325
Mailing Address 6317 BUNKER DRIVE		Amount of Each Receipt this Period 30.00
City LOCUST GROVE	State GA	Zip Code 30248-7065
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Prov Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	563.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 OF 239
	(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. LORI VAN HOLMES		Date of Receipt
Mailing Address 4117 BRYANT AVENUE SOUTH		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MINNEAPOLIS	MN	55409-1423
FEC ID number of contributing federal political committee.		Transaction ID : PR2575030936325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	Dir Human Capital Dev	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) B. JENNIFER O'BRIEN		Date of Receipt
Mailing Address 4371 BENT TREE LANE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EAGAN	MN	55123-3054
FEC ID number of contributing federal political committee.		Transaction ID : PR2575034536325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="872.58"/>
Name of Employer	Occupation	P/R Deduction (\$290.86 Bi-Weekly)
United HealthCare Services Inc	Chief Compli Off	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4456.64"/>	

Full Name (Last, First, Middle Initial) C. JEFFREY MADDOX		Date of Receipt
Mailing Address 207 MARY WIL CT		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
GREENSBORO	NC	27455-2262
FEC ID number of contributing federal political committee.		Transaction ID : PR2575039536325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	SB KA VP SIs Acct Mgt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1205.58"/>
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 135 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JULENE 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 ▼ **336.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575046236325

Amount of Each Receipt this Period **42.12**

P/R Deduction (\$14.04 Bi-Weekly)

B. HOWARD MARGOLIES
Full Name (Last, First, Middle Initial)

Mailing Address ONE PAGE DRIVE

City RED BANK State NJ Zip Code 07701-5640

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575050336325

Amount of Each Receipt this Period **42.00**

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

C. VIVIAN LINDSAY
Full Name (Last, First, Middle Initial)

Mailing Address 14930 SW 39 ST

City DAVIE State FL Zip Code 33331-2767

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 ▼ **2321.41**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575054936325

Amount of Each Receipt this Period **535.71**

P/R Deduction (\$178.57 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **619.83**

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. CARY MCCARTY		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575059436325
Mailing Address 8800 RUMFIELD RD		Amount of Each Receipt this Period 117.00
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 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 ▼ 936.00	

Full Name (Last, First, Middle Initial) B. MARK ALLEN		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575060236325
Mailing Address 11359 ENTREVAUX DRIVE		Amount of Each Receipt this Period 42.00
City EDEN PRAIRIE	State MN	Zip Code 55347-2862
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 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 ▼ 336.00	

Full Name (Last, First, Middle Initial) C. SANDRA NICHOLS		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575074536325
Mailing Address 12706 YOUNG LANE		Amount of Each Receipt this Period 288.45
City NORTH POTOMAC	State MD	Zip Code 20878-6112
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Shared Svs Regn CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

SUBTOTAL of Receipts This Page (optional).....▶	447.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. RALPH BECK

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 ▼
283.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575074936325

Amount of Each Receipt this Period
121.65

P/R Deduction (\$40.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DEBRA BURNAM

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 ▼
334.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575076236325

Amount of Each Receipt this Period
45.81

P/R Deduction (\$15.27 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KAREN UPCHURCH

Mailing Address 6403 GEMINATA OAK CT

City PALM BEACH GARDENS	State FL	Zip Code 33410-3242
----------------------------	-------------	------------------------

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 ▼
714.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575084436325

Amount of Each Receipt this Period
428.58

P/R Deduction (\$142.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	596.04
TOTAL This Period (last page this line 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 138 OF 239
(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. VINCENT VALLARIO

Mailing Address 240 LEXINGTON ROAD

City State Zip Code
 GLASTONBURY CT 06033-4342

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

Name of Employer Occupation
 United HealthCare Services Inc Mkt Group CAO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1866.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575096636325

Amount of Each Receipt this Period
 950.88

P/R Deduction (\$316.96 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GLEN GOLEMI

Mailing Address 1203 RUE DEGAS

City State Zip Code
 MANDEVILLE LA 70471-3059

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 923.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575098836325

Amount of Each Receipt this Period
 115.38

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

Full Name (Last, First, Middle Initial)
C. CHARLES JACOBY

Mailing Address 3315 IRVING AVE

City State Zip Code
 MINNEAPOLIS MN 55408-3321

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 ▼
 384.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575099236325

Amount of Each Receipt this Period
 48.00

P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1114.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PHEBE CHAMPION
Full Name (Last, First, Middle Initial)
Mailing Address 5124 WEDMORE CT
City NORTH LAS VEGAS State NV Zip Code 89031-0364
FEC ID number of contributing federal political committee. **C**
Name of Employer Health Plan of Nevada Occupation Dir Cust Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575108336325
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 Bi-Weekly)

B. SCOTT LYDON
Full Name (Last, First, Middle Initial)
Mailing Address 2 PLOWBOY PATH
City COMMACK State NY Zip Code 11725-1410
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575122236325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

C. ZOE HUNT
Full Name (Last, First, Middle Initial)
Mailing Address 4030 SERANGO COURT
City WEST LINN State OR Zip Code 97068-2840
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575136236325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	159.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. JEAN MCGANN		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575146936325
Mailing Address 4 VILLAGE ROAD		Amount of Each Receipt this Period 42.12
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KELLY BEECHER		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575161136325
Mailing Address 7640 CURIOSITY AVE		Amount of Each Receipt this Period 42.12
City LAS VEGAS	State NV	Zip Code 89131-4792
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Assc Dir Acctng
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RON JONES		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575163536325
Mailing Address 10066 ESCAMBIA BAY CT		Amount of Each Receipt this Period 375.00
City NAPLES	State FL	Zip Code 34120-4621
FEC ID number of contributing federal political committee. C	Name of Employer Optum Services, Inc	Occupation CEO Optum360
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	459.24
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 141 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. SCOTT CASSANO

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 ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575164436325

Amount of Each Receipt this Period

300.00

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

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

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 ▼ **461.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575180736325

Amount of Each Receipt this Period

57.69

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

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

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 ▼ **328.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575181636325

Amount of Each Receipt this Period

54.75

P/R Deduction (\$18.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	412.44
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: PAGE 142 OF 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. THOMAS MCGUIRE
 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 ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575185436325
 Amount of Each Receipt this Period
 1500.00
 P/R Deduction (\$500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KRISTIN MOORE
 Mailing Address 9465 DARTRIDGE DRIVE
 City DALLAS State TX Zip Code 75238-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575194436325
 Amount of Each Receipt this Period
 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MICHAEL PATRICK STAMM
 Mailing Address 6721 MOSSY GLEN DR
 City FORT MYERS State FL Zip Code 33908-4771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575194636325
 Amount of Each Receipt this Period
 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1662.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 239
	<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 STORDAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7001 W 175TH AVENUE
 City EDEN PRAIRIE State MN Zip Code 55346-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575213036325
 Amount of Each Receipt this Period 136.89
 P/R Deduction (\$45.63 Bi-Weekly)

B. PETER 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 Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575213636325
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. MATTHEW 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 ▼ 833.33

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575222336325
 Amount of Each Receipt this Period 833.33
 P/R Deduction (\$833.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1015.22
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 144 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 SEKEL
Full Name (Last, First, Middle Initial)

Mailing Address 6010 LONESOME VALLEY TRAIL

City State Zip Code
AUSTIN TX 78731-3749

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

Name of Employer Occupation
Optum Services, Inc CEO Spclty Ntwk

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575223736325

Amount of Each Receipt this Period
375.00

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

B. HOWARD GILPIN JR
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City State Zip Code
BLUE BELL PA 19422-3481

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

Name of Employer Occupation
Optum Services, Inc Dir Act Cnslt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575224936325

Amount of Each Receipt this Period
117.00

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

C. DONALD REILLY
Full Name (Last, First, Middle Initial)

Mailing Address 5 LEGHORN LANE

City State Zip Code
CROMWELL CT 06416-1671

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575225336325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶	522.00
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 145 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. KATHLEEN CADMUS		Date of Receipt
Mailing Address 7760 HAWTHORN TRL NW		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2575230436325
WALKER	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="30.00"/>
	56484-2600	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Bus Process	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN KIRKPATRICK		Date of Receipt
Mailing Address 417 STERLING STREET		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2575233636325
LANCASTER	MA	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="42.00"/>
	01523-1847	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
Optum Services, Inc	VP Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMAS RUSSELL		Date of Receipt
Mailing Address 10205 GROOMSBRIDGE ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2575238636325
JOHNS CREEK	GA	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="42.00"/>
	30022-5645	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Empl Rel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="114.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. JOANNE SHUEY		Date of Receipt
Mailing Address 2694 WEST CREEK DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
FRISCO	TX	75033-4759
FEC ID number of contributing federal political committee.		Transaction ID : PR2575241636325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
United HealthCare Services Inc	KA VP Sls	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS CHOATE		Date of Receipt
Mailing Address 209 SOUTHPOND RD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
GLASTONBURY	CT	06033-1712
FEC ID number of contributing federal political committee.		Transaction ID : PR2575247836325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.38"/>
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	Chief Growth Off	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="923.04"/>	

Full Name (Last, First, Middle Initial) C. TIMOTHY DIMARTINO		Date of Receipt
Mailing Address 49605 KEYCOVE ST		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHESTERFIELD	MI	48047-2361
FEC ID number of contributing federal political committee.		Transaction ID : PR2575248136325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
United HealthCare Services Inc	SB KA VP Sls Acct Mgt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.38"/>
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 147 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERT BROOMFIELD		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575260436325
Mailing Address 12501 WEST 156TH STREET		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.48	P/R Deduction (\$27.78 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. TERRY JONES		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575279236325
Mailing Address 11856 NW 12TH MANOR		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. SAMANTHA MARCARIO		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575287836325
Mailing Address 2117 CAMP INDIANHEAD ROAD		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	167.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575288936325

Amount of Each Receipt this Period
 91.26

P/R Deduction (\$30.42 Bi-Weekly)

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

Mailing Address 909 OAKWOOD AV

City FULLERTON State CA Zip Code 92835-2719

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 ▼ 923.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575293236325

Amount of Each Receipt this Period
 115.38

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

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

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

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

Name of Employer United HealthCare Services Inc Occupation Pres United Essentials

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4590.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575295136325

Amount of Each Receipt this Period
 614.55

P/R Deduction (\$204.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	821.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 450 EDGEWOOD AVE

City WESTFIELD State NJ Zip Code 07090-4353

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575296836325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MOLLY MALAT

Mailing Address 6125 CHASEWOOD PARKWAY #124

City MINNETONKA State MN Zip Code 55343-4376

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 ▼ **307.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575299536325

Amount of Each Receipt this Period
102.54

P/R Deduction (\$34.18 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLARE B GROCHOWSKI

Mailing Address 205 ALAPOCAS DRIVE

City WILMINGTON State DE Zip Code 19803-4504

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

Name of Employer Optum Services, Inc Occupation Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575300136325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional).....▶	186.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARY 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 ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575302136325
 Amount of Each Receipt this Period 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

B. ROBERT 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 ▼ 273.78

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575304236325
 Amount of Each Receipt this Period 136.89
 P/R Deduction (\$45.63 Bi-Weekly)

C. BRADLEY 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 ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575311036325
 Amount of Each Receipt this Period 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	221.13
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. JAN GRIMM		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 3608 WEST 85TH STREET		Transaction ID : PR2575314836325
City LEAWOOD	State KS	Zip Code 66206-1353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.12
Name of Employer Optum Services, Inc	Occupation Mkt Sls SVP Optuml	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) B. JEFFREY GOLDBERG		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 3410 BRADLEY LANE		Transaction ID : PR2575326936325
City CHEVY CHASE	State MD	Zip Code 20815-3262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer Optum Services, Inc	Occupation Strat Clnt Rel Ex Optuml	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) C. MICHAEL SIMONE		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 12 SCALIA COURT		Transaction ID : PR2575346736325
City HAMILTON	State NJ	Zip Code 08690-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.21
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt	P/R Deduction (\$26.07 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.91	

SUBTOTAL of Receipts This Page (optional).....▶	237.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 239
	<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. PATRICK 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 Dir Bus Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.95**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575347936325

Amount of Each Receipt this Period **58.65**

P/R Deduction (\$19.55 Bi-Weekly)

B. MICHAEL TELESKY
Full Name (Last, First, Middle Initial)

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575350936325

Amount of Each Receipt this Period **117.00**

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

C. SALLY BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 192 HOMEWOOD DRIVE

City CLINTON State NY Zip Code 13323-1512

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575363636325

Amount of Each Receipt this Period **42.12**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **217.77**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 6980 E SAHAURO DRIVE
APT #3065

City SCOTTSDALE State AZ Zip Code 85254-6149

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575372436325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

B. 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 Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575374836325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

C. KATHLEEN 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 ▼
240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575385136325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.24

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 154 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 Chief Prod Mktg Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575390936325

Amount of Each Receipt this Period **375.00**

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

B. 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 ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575394336325

Amount of Each Receipt this Period **42.00**

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

C. LINDA 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 ▼ **360.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575395236325

Amount of Each Receipt this Period **45.00**

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

SUBTOTAL of Receipts This Page (optional)..... **462.00**

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 155 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHAD 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 Optum Services, Inc	Occupation VP IT
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575414936325

Amount of Each Receipt this Period

42.12

P/R Deduction (\$14.04 Bi-Weekly)

B. 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 ▼ **923.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575419136325

Amount of Each Receipt this Period

115.38

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

C. JERI 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 Optum Services, Inc	Occupation VP Info Tech
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR2575419836325

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional).....▶	457.50
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 156 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KARIN O'HARA
Full Name (Last, First, Middle Initial)
Mailing Address 1710 MAYAPPLE PASS
City CHANHASSEN State MN Zip Code 55317-5000
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 ▼ 884.58

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575428736325
Amount of Each Receipt this Period 115.38
P/R Deduction (\$38.46 Bi-Weekly)

B. MARY MURLEY
Full Name (Last, First, Middle Initial)
Mailing Address 2775 COUNTRYSIDE DRIVE WEST
City ORONO State MN Zip Code 55356-9675
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Chief Actuary
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575443636325
Amount of Each Receipt this Period 2500.00
P/R Deduction (\$2500.00 Bi-Weekly)

C. TIMOTHY 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 ▼ 800.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575446336325
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2915.38
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 239
	(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. MILLA HAUTMAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 410 SYCAMORE CIRCLE		Transaction ID : PR2575447136325
City PLYMOUTH	State MN	Zip Code 55441-5667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.12
Name of Employer Optum Services, Inc	Occupation Chief Tech Off	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) B. ROBERT BOOKER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 16632 HANSON BLVD NW		Transaction ID : PR2575447236325
City ANDOVER	State MN	Zip Code 55304-2089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.12
Name of Employer Optum Services, Inc	Occupation VP IT	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) C. LOUIS FLOCCO		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 7353 EAST SKYLINE DRIVE		Transaction ID : PR2575448636325
City ORANGE	State CA	Zip Code 92867-6451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation VP Underwriting	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	126.24
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 158 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 GEHLBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5460 YELLOWSTONE TRAIL
 City State Zip Code
 MINNETRISTA MN 55331-9193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Underwriting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575448836325
 Amount of Each Receipt this Period
 136.89
 P/R Deduction (\$45.63 Bi-Weekly)

B. THOMAS BARTHEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9713 HEMLOCK LANE NORTH
 City State Zip Code
 MAPLE GROVE MN 55369-3665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575484336325
 Amount of Each Receipt this Period
 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

C. CLINTON WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 2647 N SOUTHPORT
 City State Zip Code
 CHICAGO IL 60614-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optum Services, Inc Dir Mktg Bus Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR2575490936325
 Amount of Each Receipt this Period
 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	224.01
TOTAL This Period (last page this line 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 159 OF 239
	(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. DANIEL MACLAUCLAN		Date of Receipt
Mailing Address 780 CENTRAL AVENUE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
GLENSIDE	PA	19038-1701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575492736325
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Mgr Prod	<input type="text" value="60.84"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.28 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="324.48"/>	

Full Name (Last, First, Middle Initial) B. MICHELE RAMIREZ		Date of Receipt
Mailing Address 37 CALAIS ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
RANDOLPH	NJ	07869-3531
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575502436325
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Human Capital Partner	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) C. DEBORAH SUNDAL		Date of Receipt
Mailing Address 5109 WEST 66TH ST		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
EDINA	MN	55439-1429
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575502936325
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Proj Mgmt	<input type="text" value="42.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="144.84"/>
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 160 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. AMBER WEBSTER
Full Name (Last, First, Middle Initial)

Mailing Address 2115 VALLEY ROAD

City COSTA MESA State CA Zip Code 92627-3976

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 ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575504836325

Amount of Each Receipt this Period **136.89**

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

B. ALDIS HAGEN
Full Name (Last, First, Middle Initial)

Mailing Address 152 OCEAN AVENUE

City BREEZY POINT State NY Zip Code 11697-1727

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

Name of Employer United HealthCare Services Inc Occupation Dir Compli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575506736325

Amount of Each Receipt this Period **30.00**

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

C. MOLLY JOSEPH
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2809

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 ▼ **4608.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575521736325

Amount of Each Receipt this Period **576.00**

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

SUBTOTAL of Receipts This Page (optional)..... **742.89**

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. PAUL HEBERT		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 54 GREENWOOD DRIVE		Transaction ID : PR2575522336325
City SOUTH WINDSOR	State CT	Zip Code 06074-2957
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer United HealthCare Services Inc	Occupation VP Fin	P/R Deduction (\$125.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. ERIC KAPLAN		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 193 PARTRIDGE LANDING		Transaction ID : PR2575524036325
City GLASTONBURY	State CT	Zip Code 06033-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Optum Services, Inc	Occupation NA VP Clnt Dev	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. WILLIAM JETER		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 9557 WOODRIDGE CIRCLE		Transaction ID : PR2575528136325
City EDEN PRAIRIE	State MN	Zip Code 55347-2744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Optum Services, Inc	Occupation VP IT	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	459.00
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 162 OF 239
	(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. ROBERT HUNTER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 9236 PRESTON PLACE		Transaction ID : PR2575528336325
City EDEN PRAIRIE	State MN	Zip Code 55347-3396
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.41
Name of Employer United HealthCare Services Inc	Occupation Mgr M A	P/R Deduction (\$21.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.05	

Full Name (Last, First, Middle Initial) B. KRISTEN HOLOVIA		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 4610 LAKEVIEW DRIVE		Transaction ID : PR2575533036325
City EDINA	State MN	Zip Code 55424-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 156.42
Name of Employer United HealthCare Services Inc	Occupation Deputy Gen Counsel	P/R Deduction (\$52.14 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.70	

Full Name (Last, First, Middle Initial) C. THOMAS HAMLIN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 2800 NEWMAN		Transaction ID : PR2575536236325
City HOUSTON	State TX	Zip Code 77098-1408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer Optum Services, Inc	Occupation Behvrl Med Dir	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

SUBTOTAL of Receipts This Page (optional).....▶	336.21
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. NADINE HAUF

Mailing Address 1813 SAN LEANNA

City ALLEN State TX Zip Code 75013-4741

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

Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575538836325

Amount of Each Receipt this Period **30.00**

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

Full Name (Last, First, Middle Initial)
B. AMY BALCK

Mailing Address N3681 VINE RD

City FREEDOM State WI Zip Code 54913-6928

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

Name of Employer United HealthCare Services Inc Occupation KA Mgr Mkt Svc Acct Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575548436325

Amount of Each Receipt this Period **42.00**

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

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

Mailing Address 271 NW 42ND AVE

City COCONUT CREEK State FL Zip Code 33066-1823

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

Name of Employer United HealthCare Services Inc Occupation Dir Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575578036325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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 164 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CURTIS MOCK
Full Name (Last, First, Middle Initial)
Mailing Address 23 KELTON STREET
City REHOBOTH State MA Zip Code 02769-2530
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 **2311.04**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575579236325
Amount of Each Receipt this Period **433.32**
P/R Deduction (\$144.44 Bi-Weekly)

B. ELIZABETH 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 **2307.60**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575582836325
Amount of Each Receipt this Period **288.45**
P/R Deduction (\$96.15 Bi-Weekly)

C. RICHARD 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 **336.96**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575583836325
Amount of Each Receipt this Period **42.12**
P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **763.89**
TOTAL This Period (last page this line 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 239
(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. MICHAEL PETEROY

Mailing Address 1004 PHILLIPS STREET

City State Zip Code
 VISTA CA 92083-7171

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

Name of Employer Occupation
 Optum Services, Inc Dir Bus Process

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575585636325

Amount of Each Receipt this Period
 117.00

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

Full Name (Last, First, Middle Initial)
B. KATHLEEN DWYER

Mailing Address 4852 EXCALIBUR DRIVE

City State Zip Code
 SYRACUSE NY 13215-9317

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Comm

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 818.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575590636325

Amount of Each Receipt this Period
 272.70

P/R Deduction (\$90.90 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DEBORAH JORGE

Mailing Address 140 OLD BAY RD

City State Zip Code
 BELCHERTOWN MA 01007-9348

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014

Transaction ID : PR2575593636325

Amount of Each Receipt this Period
 42.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 431.70

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 166 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. LISA IVERSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 13341 CARRACH AVENUE		Transaction ID : PR2575603236325
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 Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	
		Amount of Each Receipt this Period 230.76
		P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID STAPLES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 900 SOUTHERLY RD APT 402		Transaction ID : PR2575633936325
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	
		Amount of Each Receipt this Period 42.12
		P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. BRIAN THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 17829 63RD AVE N		Transaction ID : PR2575634636325
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	
		Amount of Each Receipt this Period 115.38
		P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	388.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JAN HENRY
Full Name (Last, First, Middle Initial)
Mailing Address 1453 LOS VECINOS
City WALNUT CREEK State CA Zip Code 94598-2909
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation Hlth Svs Dir RN/NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575636836325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

B. TERENCE CLARK
Full Name (Last, First, Middle Initial)
Mailing Address 8 COOPER AVENUE
City EDINA State MN Zip Code 55436-1315
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2328.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575636936325
Amount of Each Receipt this Period 291.00
P/R Deduction (\$97.00 Bi-Weekly)

C. NEIL COLLINS
Full Name (Last, First, Middle Initial)
Mailing Address 8465 MISSION HILLS LANE
City CHANHASSEN State MN Zip Code 55317-7712
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575637636325
Amount of Each Receipt this Period 42.00
P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial) A. BENTON DAVIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 9825 NORTH 53RD PLACE		Transaction ID : PR2575639236325
City PARADISE VALLEY	State AZ	Zip Code 85253-1634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.45
Name of Employer Optum Services, Inc	Occupation VP GM Clin Comnty Ntwk	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 ▼ 2307.60	

Full Name (Last, First, Middle Initial) B. NANCY SUBLETTE		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 4810 ST CHARLES RD		Transaction ID : PR2575646936325
City COLUMBIA	State MO	Zip Code 65201-6759
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer United HealthCare Services Inc	Occupation PS Dir Strat Accts	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. CRAIG HERMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 9609 WYOMING CIRCLE		Transaction ID : PR2575650236325
City BLOOMINGTON	State MN	Zip Code 55438-1628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.50
Name of Employer Optum Services, Inc	Occupation VP Gen Mgmt	P/R Deduction (\$62.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

SUBTOTAL of Receipts This Page (optional).....▶	625.95
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. MARK VAN ERT

Mailing Address 221 OAKWOOD RD

City HOPKINS State MN Zip Code 55343-8532

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 ▼ **336.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575650536325

Amount of Each Receipt this Period **42.12**

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RONALD GONG

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

Name of Employer United HealthCare Services Inc Occupation M R Sls Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575651536325

Amount of Each Receipt this Period **117.00**

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

Full Name (Last, First, Middle Initial)
C. JENNY HAYHURST

Mailing Address 23A MOUNT HYGEIA ROAD

City FOSTER State RI Zip Code 02825-1434

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

Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575651836325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **201.12**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ 2300.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575654736325

Amount of Each Receipt this Period 300.00

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

B. KATHRYN 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 ▼ 316.29

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575662136325

Amount of Each Receipt this Period 72.99

P/R Deduction (\$24.33 Bi-Weekly)

C. CARL ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575669336325

Amount of Each Receipt this Period 117.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 489.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 Services Inc KA VP Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575676136325

Amount of Each Receipt this Period
117.00

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 ▼ **2307.60**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575677236325

Amount of Each Receipt this Period
288.45

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

C. JILL 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 ▼ **300.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575678336325

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional).....▶	555.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 SCHROEDER
Full Name (Last, First, Middle Initial)
Mailing Address 3305 TOWN TRAIL

City BROOKFIELD	State WI	Zip Code 53045-2640
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation Dir Med Clin Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575683736325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

B. CHRISTOPHER STIDMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6504 CHEROKEE TRAIL

City EDINA	State MN	Zip Code 55439-1109
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation VP Clnt Relationship	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2314.00	

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575683836325

Amount of Each Receipt this Period
300.00

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

C. JENNIFER COHEN-SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 51 ORCUTT

City GUILFORD	State CT	Zip Code 06437-2221
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575693936325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	384.24
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 173 OF 239
<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. STEPHEN FARRELL
Full Name (Last, First, Middle Initial)
Mailing Address 50 MAJOR DOANE RD
City WELLFLEET State MA Zip Code 02667-7836
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 923.04

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575696236325
Amount of Each Receipt this Period 115.38
P/R Deduction (\$38.46 Bi-Weekly)

B. ELIZABETH 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 ▼ 2187.50

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575705836325
Amount of Each Receipt this Period 468.75
P/R Deduction (\$156.25 Bi-Weekly)

C. D ELLEN WILSON
Full Name (Last, First, Middle Initial)
Mailing Address 400 STUART STREET 25D
City BOSTON State MA Zip Code 02116-5011
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2328.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575708836325
Amount of Each Receipt this Period 291.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	875.13
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5512 LOWELL AVE

City State Zip Code
INDIANAPOLIS IN 46219-5810

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

Name of Employer Occupation
Optum Services, Inc Sr Hlth Economics Rscher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575718136325

Amount of Each Receipt this Period
42.00

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

Full Name (Last, First, Middle Initial)
B. KIM CRANDALL

Mailing Address 6016 BRIGIDS CLOSE DRIVE

City State Zip Code
DUBLIN OH 43017-3428

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 ▼
255.50

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575731236325

Amount of Each Receipt this Period
109.50

P/R Deduction (\$36.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MOLLY KNORR

Mailing Address 1144 PROSPECT AVENUE

City State Zip Code
HARTFORD CT 06105-1124

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

Name of Employer Occupation
United HealthCare Services Inc SVP Risk Adjustment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.04

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575735436325

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.88

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: PAGE 175 OF 239
(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 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 ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575735736325
 Amount of Each Receipt this Period 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

B. JULIE 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 Advrtsng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575740936325
 Amount of Each Receipt this Period 42.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. STEPHANIE 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 ▼ 283.85

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575743236325
 Amount of Each Receipt this Period 121.65
 P/R Deduction (\$40.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.77
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 176 OF 239
	(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. THOMAS 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 ▼ **336.96**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575744536325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

B. CARLOS ADAME
Full Name (Last, First, Middle Initial)

Mailing Address 42584 WHISTLE COURT

City TEMECULA State CA Zip Code 92592-7105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575755436325

Amount of Each Receipt this Period
117.00

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

C. HERBERT 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 ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2575756036325

Amount of Each Receipt this Period
42.00

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

SUBTOTAL of Receipts This Page (optional)..... **201.12**

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHAEL CUNNINGHAM		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575767836325
Mailing Address 1025 MAXWELL LANE APT 600		Amount of Each Receipt this Period 150.00
City HOBOKEN	State NJ	Zip Code 07030-6825
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation COO NA Acct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. JOSEPH MILES		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575770936325
Mailing Address 930 CORNWALLIS		Amount of Each Receipt this Period 42.00
City MUNSTER	State IN	Zip Code 46321-2877
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Mktg Cnslt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. MATTHEW MONTOYA		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2575777636325
Mailing Address 12370 BRADFORD DR		Amount of Each Receipt this Period 42.00
City PARKER	State CO	Zip Code 80134-3609
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation KA Mgr Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 15560 SMITHFIELD PLACE

City CENTREVILLE State VA Zip Code 20120-4901

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 ▼ **357.15**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575778736325

Amount of Each Receipt this Period **214.29**

P/R Deduction (\$71.43 Bi-Weekly)

B. CAROLYN MORRIS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1744

City SHIPROCK State NM Zip Code 87420-1744

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Assc Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575780936325

Amount of Each Receipt this Period **91.50**

P/R Deduction (\$0.00 Bi-Weekly)

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

Mailing Address 16426 FARMERS MILL LANE

City CHESTERFIELD State MO Zip Code 63005-4549

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Pharm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575783836325

Amount of Each Receipt this Period **42.12**

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	347.91
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LAURIE RUSSELL
Full Name (Last, First, Middle Initial)

Mailing Address 3108 SONIA DRIVE

City LAS VEGAS State NV Zip Code 89107-3246

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575812136325

Amount of Each Receipt this Period
117.00

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

B. WILLIAM MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 26104 WEST 108 TERRACE

City OLATHE State KS Zip Code 66061-7522

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 ▼ **2323.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575819836325

Amount of Each Receipt this Period
265.41

P/R Deduction (\$88.47 Bi-Weekly)

C. JOEL 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575825836325

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional).....▶	562.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PHILIP 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 ▼ 1875.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575829836325

Amount of Each Receipt this Period 937.50

P/R Deduction (\$312.50 Bi-Weekly)

B. WILLIAM MANDELL
Full Name (Last, First, Middle Initial)

Mailing Address 720 MISSION HILL WAY

City COLORADO SPRINGS State CO Zip Code 80921-2672

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 ▼ 322.05

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575837836325

Amount of Each Receipt this Period 64.41

P/R Deduction (\$21.47 Bi-Weekly)

C. CHARLES HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 10603 MILLET SEED HILL

City COLUMBIA State MD Zip Code 21044-4150

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575840336325

Amount of Each Receipt this Period 42.12

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1044.03

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

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. EDWARD 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 Optum Services, Inc Occupation Mkt Grp CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575842736325
Amount of Each Receipt this Period 117.00
P/R Deduction (\$39.00 Bi-Weekly)

B. WILLIAM 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 ▼ 2187.50

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575859336325
Amount of Each Receipt this Period 468.75
P/R Deduction (\$156.25 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 ▼ 369.36

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575865336325
Amount of Each Receipt this Period 46.17
P/R Deduction (\$15.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	631.92
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 182 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMIE DAMATO
Full Name (Last, First, Middle Initial)

Mailing Address 349 KING STREET

City NAUGATUCK State CT Zip Code 06770-1505

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 ▼ **360.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575872036325

Amount of Each Receipt this Period
45.00

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

B. GLENN LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 7125 EAST LITTLE SAVANNAH LANE

City TUCSON State AZ Zip Code 85750-6545

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

Name of Employer Optum Services, Inc Occupation Assc Behvrl Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575882836325

Amount of Each Receipt this Period
42.00

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

C. PAYMAN PEZHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 6166 MASSIVE PEAK LOOP

City CASTLE ROCK State CO Zip Code 80108-9488

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 ▼ **365.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2575883536325

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **452.00**

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 183 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. PAMELA LIPPITT		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2575884436325
Mailing Address 944 RILEY WILLS ROAD		Amount of Each Receipt this Period 42.00
City LEBANON	State OH	Zip Code 45036-9037
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation Assc Dir Med Clin Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. PATRICK LANGAN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2575885036325
Mailing Address 405 MEADOW LANE		Amount of Each Receipt this Period 291.00
City BENSON	State MN	Zip Code 56215-1033
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 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 ▼ 2328.00	

Full Name (Last, First, Middle Initial) C. JOEL HOFFMAN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2575913136325
Mailing Address 6943 SOUTH PICADILLY STREET		Amount of Each Receipt this Period 30.00
City AURORA	State CO	Zip Code 80016-2341
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Optum Services, Inc	Occupation SVP Optuml	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	363.00
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 184 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER 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 ▼ **273.78**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575930436325
 Amount of Each Receipt this Period **136.89**
 P/R Deduction (\$45.63 Bi-Weekly)

B. MICHAEL MEDEIROS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 LANGMUIR DRIVE
 City MCKINNEY State TX Zip Code 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **936.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575930636325
 Amount of Each Receipt this Period **117.00**
 P/R Deduction (\$39.00 Bi-Weekly)

C. CHRISTOPHER 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 ▼ **283.85**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2575933336325
 Amount of Each Receipt this Period **121.65**
 P/R Deduction (\$40.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	375.54
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 185 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. RICHARD 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 ▼ 4615.20

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575938436325

Amount of Each Receipt this Period 576.90

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

B. DAVID 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 ▼ 360.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575966036325

Amount of Each Receipt this Period 45.00

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

C. DOREEN MELLBERG
Full Name (Last, First, Middle Initial)

Mailing Address 1808 CRESTVIEW DRIVE

City WAUSAU State WI Zip Code 54403-8107

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

Name of Employer Optum Services, Inc Occupation IT Proj Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.27

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2575966836325

Amount of Each Receipt this Period 47.61

P/R Deduction (\$15.87 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 669.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. MARC SALINAS

Mailing Address 1630 ROCK RIDGE DRIVE

City Prosper State TX Zip Code 75078-9728

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 ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575967936325

Amount of Each Receipt this Period **117.00**

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

Full Name (Last, First, Middle Initial)
B. JUDITH PERLMAN

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 ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575968936325

Amount of Each Receipt this Period **117.00**

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

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

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 Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2575977936325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **276.00**

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 187 OF 239
	(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. MARK LEENAY		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 29 UNION TERRACE LN N		Transaction ID : PR2575982836325
City PLYMOUTH	State MN	Zip Code 55441-6232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 117.00
Name of Employer UHC International Services Inc	Occupation NA Med Dir/CMO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) B. CAROL ANN CHURCHILL		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 230 BATTALION WAY		Transaction ID : PR2575988336325
City MOUNT JULIET	State TN	Zip Code 37122-6135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. PAMELA GOLD		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 8370 DYNASTY WAY		Transaction ID : PR2575988636325
City SALT LAKE CITY	State UT	Zip Code 84121-6089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer United HealthCare Services Inc	Occupation SB KA VP SIs Acct Mgt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	201.00
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 188 OF 239
<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. STACY SCHULTZ
Full Name (Last, First, Middle Initial)

Mailing Address 4012 S XERXES AVENUE

City State Zip Code
MINNEAPOLIS MN 55410-1146

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 ▼
365.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2575990936325

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Bi-Weekly)

B. MARC BRIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 1608 RED TREE CT

City State Zip Code
DRAPER UT 84020-7704

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 ▼
953.79

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2576001636325

Amount of Each Receipt this Period
120.00

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

C. KAREN SQUARRELL SHABLIN
Full Name (Last, First, Middle Initial)

Mailing Address 1377 ROWLAND ROAD

City State Zip Code
LANGHORNE PA 19047-3106

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

Name of Employer Occupation
Optum Services, Inc Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
328.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2576017336325

Amount of Each Receipt this Period
54.75

P/R Deduction (\$18.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	539.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 4574 VIA DON LUIS

City NEWBURY PARK State CA Zip Code 91320-6905

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 ▼ **856.38**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576018636325

Amount of Each Receipt this Period **215.46**

P/R Deduction (\$71.82 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 ▼ **882.30**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576026436325

Amount of Each Receipt this Period **176.46**

P/R Deduction (\$58.82 Bi-Weekly)

C. KIMBERLY 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 KA VP SIs Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576033236325

Amount of Each Receipt this Period **42.00**

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

SUBTOTAL of Receipts This Page (optional)..... **433.92**

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 190 OF 239
<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. KARI MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 17293 LIBERTY BEACH CT

City LAKEVILLE State MN Zip Code 55044-8480

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 ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576036736325

Amount of Each Receipt this Period **136.89**

P/R Deduction (\$45.63 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 ▼ **936.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576040036325

Amount of Each Receipt this Period **117.00**

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

C. GAYLE 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 ▼ **1785.70**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2576040336325

Amount of Each Receipt this Period **1071.42**

P/R Deduction (\$357.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1325.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RHONDA MEDOWS
Full Name (Last, First, Middle Initial)

Mailing Address 7707 WISCONSIN AVENUE
APT # 530

City State Zip Code
BETHESDA MD 20814-6547

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

Name of Employer Occupation
Optum Services, Inc Chief Med Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2576040436325

Amount of Each Receipt this Period
288.45

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

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

Mailing Address 170 SILVER CREEK DRIVE

City State Zip Code
MARS PA 16046-4502

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

Name of Employer Occupation
Optum Services, Inc Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.78

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2576042636325

Amount of Each Receipt this Period
136.89

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

C. KEVIN KANDALRAFT
Full Name (Last, First, Middle Initial)

Mailing Address 3 METATE DRIVE

City State Zip Code
SANDIA PARK NM 87047-8508

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 ▼
833.30

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2576043636325

Amount of Each Receipt this Period
249.99

P/R Deduction (\$83.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 192 OF 239
	(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. LAURA STONE

Mailing Address **4644 VENETO DRIVE**

City **FRISCO** State **TX** Zip Code **75033-7135**

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

Name of Employer **United HealthCare Services Inc** Occupation **Assc Dir Ntwk Conctrctng**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2576045136325

Amount of Each Receipt this Period
42.00

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

Full Name (Last, First, Middle Initial)
B. MICHAEL GROENENDAAL

Mailing Address **1017 N EUCLID**

City **OAK PARK** State **IL** Zip Code **60302-1321**

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

Name of Employer **United HealthCare Services Inc** Occupation **VP Exe Comp**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2576046236325

Amount of Each Receipt this Period
42.00

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

Full Name (Last, First, Middle Initial)
C. KENT MONICAL

Mailing Address **9795 E PIEDRA DRIVE**

City **SCOTTSDALE** State **AZ** Zip Code **85255-9231**

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

Name of Employer **United HealthCare Services Inc** Occupation **SVP Prd**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **865.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2576051336325

Amount of Each Receipt this Period
202.56

P/R Deduction (\$67.52 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **286.56**

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:	PAGE 193 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RESTOR JOHNSON		Date of Receipt
Mailing Address 2700 CRESCENT RIDGE ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MINNETONKA	MN	55305-2806
FEC ID number of contributing federal political committee.		Transaction ID : PR2576051636325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="291.00"/>
Name of Employer	Occupation	P/R Deduction (\$97.00 Bi-Weekly)
United HealthCare Services Inc	VP Entrprs Real Estate Svs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2328.00"/>	

Full Name (Last, First, Middle Initial) B. JOHN REX		Date of Receipt
Mailing Address 503 HARRINGTON ROAD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
WAYZATA	MN	55391-1512
FEC ID number of contributing federal political committee.		Transaction ID : PR2576060036325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="579.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
Optum Services, Inc	Mkt Group CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4632.00"/>	

Full Name (Last, First, Middle Initial) C. APRIL GOLENOR		Date of Receipt
Mailing Address 1313 JACKSON STREET		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MANDEVILLE	LA	70448-4040
FEC ID number of contributing federal political committee.		Transaction ID : PR2576063936325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.12"/>
Name of Employer	Occupation	P/R Deduction (\$14.04 Bi-Weekly)
United HealthCare Services Inc	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.96"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="912.12"/>
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 194 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. LANCE NOVAK

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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2576073536325

Amount of Each Receipt this Period
150.00

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

Full Name (Last, First, Middle Initial)
B. ANGELA DAVIS

Mailing Address 1067 ROYS PRIVATE WAY

City GALLATIN State TN Zip Code 37066-8007

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 ▼ **923.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2576083936325

Amount of Each Receipt this Period
115.38

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

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

Mailing Address 108 SUMMERBROOKE COURT

City SICKLERVILLE State NJ Zip Code 08081-9685

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **887.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2576103736325

Amount of Each Receipt this Period
169.11

P/R Deduction (\$56.37 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	434.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. MARGARET OHME		Date of Receipt
Mailing Address 3543 STEBNER RD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2576104036325
HERMANTOWN	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="150.00"/>
	55811-3714	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer	Occupation	
Optum Services, Inc	Dir Gen Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TIFFANY DIAMOND		Date of Receipt
Mailing Address 5 HARVEY DRIVE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2576105536325
GOFFSTOWN	NH	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="214.29"/>
	03045-2315	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$71.43 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	SVP Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="928.59"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NATHAN KIEWEL		Date of Receipt
Mailing Address 1137 PRAIRIE VIEW DR SW		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : PR2576117536325
HUTCHINSON	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="42.00"/>
	55350-6725	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer	Occupation	
Optum Services, Inc	Mgr Apps Dev	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="406.29"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 196 OF 239
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. CHRIS KENT		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2576119036325
Mailing Address 13273 CARLINGFORD LANE		Amount of Each Receipt this Period 115.38
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CHANDRA TORGERSON		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2576128636325
Mailing Address 5433 10TH AVENUE SOUTH		Amount of Each Receipt this Period 117.00
City MINNEAPOLIS	State MN	Zip Code 55417-2413
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP Med Clin Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL DIOGUARDI		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR2576131936325
Mailing Address 4336 YATES STREET		Amount of Each Receipt this Period 333.33
City DENVER	State CO	Zip Code 80212-2425
FEC ID number of contributing federal political committee. C		
Name of Employer Optum Services, Inc	Occupation Sr Assc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.33	P/R Deduction (\$333.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	565.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 640 LOCUST HILLS DRIVE

City WAYZATA State MN Zip Code 55391-1973

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 ▼ 4529.84

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576144836325

Amount of Each Receipt this Period 705.12

P/R Deduction (\$235.04 Bi-Weekly)

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

Mailing Address 782 PENFIELD DR

City CAROL STREAM State IL Zip Code 60188-4738

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

Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 936.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576147536325

Amount of Each Receipt this Period 117.00

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

C. JEAN 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 ▼ 250.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2576310936325

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 1072.12

TOTAL This Period (last page this line 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 239
	(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. THOMAS ELLIOTT
Full Name (Last, First, Middle Initial)

Mailing Address 1880 SUGARLOAF CLUB DR

City State Zip Code
DULUTH GA 30097-7451

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

Name of Employer Occupation
United HealthCare Services Inc SVP Clnt Relationship

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2576313336325

Amount of Each Receipt this Period
937.50

P/R Deduction (\$312.50 Bi-Weekly)

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

Mailing Address 5553 LITTLE FALLS ROAD

City State Zip Code
ARLINGTON VA 22207-1525

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 ▼
4615.20

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2577379336325

Amount of Each Receipt this Period
576.90

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

C. BRIAN J TIDMARSH
Full Name (Last, First, Middle Initial)

Mailing Address 14425 NORTH 15TH STREET

City State Zip Code
PHOENIX AZ 85022-4454

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

Name of Employer Occupation
Optum Services, Inc Natl Acct Exe

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2578724236325

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1544.40

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:	PAGE 199 OF 239
	(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. DEMETRIOS KOUZOUKAS		Date of Receipt
Mailing Address 15552 57TH PLACE N		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLYMOUTH	MN	55446-3737
FEC ID number of contributing federal political committee.		Transaction ID : PR2578740436325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="288.45"/>
Name of Employer	Occupation	P/R Deduction (\$96.15 Bi-Weekly)
United HealthCare Services Inc	Bus Segment Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2307.60"/>	

Full Name (Last, First, Middle Initial) B. PHIL KRAUSE		Date of Receipt
Mailing Address 30532 GREENBRIAR		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
FRANKLIN	MI	48025-1459
FEC ID number of contributing federal political committee.		Transaction ID : PR2578742136325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Assc Dir Hlthcare Econ	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) C. BARTLEY ASNER		Date of Receipt
Mailing Address 25 OFFSHORE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWPORT BEACH	CA	92657-2162
FEC ID number of contributing federal political committee.		Transaction ID : PR2578819436325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="64.41"/>
Name of Employer	Occupation	P/R Deduction (\$21.47 Bi-Weekly)
Optum Services, Inc	CEO Med Grp Physn	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="322.05"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="394.86"/>
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 200 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LAURA CIAVOLA		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 1686 WILDFIRE LANE		Transaction ID : PR2578824336325
City FRISCO	State TX	Zip Code 75033-7325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer United HealthCare Services Inc	Occupation SVP Ops	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

Full Name (Last, First, Middle Initial) B. NATHANAEL BUSBEE		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 611 ORPINGTON RD		Transaction ID : PR2578826736325
City BALTIMORE	State MD	Zip Code 21229-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.65
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process	P/R Deduction (\$55.55 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.80	

Full Name (Last, First, Middle Initial) C. JAY COHEN		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2613 VICTORIA DR		Transaction ID : PR2578829636325
City LAGUNA BEACH	State CA	Zip Code 92651-3948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 937.50
Name of Employer Optum Services, Inc	Occupation CEO Med Grp Physn	P/R Deduction (\$312.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

SUBTOTAL of Receipts This Page (optional).....▶	1681.05
TOTAL This Period (last page this line 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 201 OF 239
	(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. RACHEL FARMER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1929 ALBIZIA COURT		Transaction ID : PR2595208336325
City BATON ROUGE	State LA	Zip Code 70808-3973
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.08	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Affs	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

Full Name (Last, First, Middle Initial) B. VINAY KONERU		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 3150 CARRICK RD		Transaction ID : PR2595218436325
City CUMMING	State GA	Zip Code 30040-6402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.12	
Name of Employer Optum Services, Inc	Occupation Dir Bus Dvlp	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) C. LAURA GROSCHE		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014
Mailing Address 3872 KENNET CIRCLE		Transaction ID : PR2595230936325
City EAGAN	State MN	Zip Code 55123-3952
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 576.90	
Name of Employer Optum Services, Inc	Occupation VP IT	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

SUBTOTAL of Receipts This Page (optional).....▶	647.10
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 202 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 GIORGIO
Full Name (Last, First, Middle Initial)

Mailing Address 311 WHITWORTH WAY

City NASHVILLE State TN Zip Code 37205-5017

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 ▼ **923.04**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2600648936325

Amount of Each Receipt this Period **115.38**

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

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

Mailing Address 4114 MEDICAL DRIVE 22207

City SAN ANTONIO State TX Zip Code 78229-5667

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 ▼ **738.48**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2601125336325

Amount of Each Receipt this Period **92.31**

P/R Deduction (\$30.77 Bi-Weekly)

C. ARTHUR GLASGOW
Full Name (Last, First, Middle Initial)

Mailing Address 18218 HARBOR LIGHT BLVD

City CORNELIUS State NC Zip Code 28031-7791

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 ▼ **360.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2601127736325

Amount of Each Receipt this Period **45.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	252.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<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. TOM ROBERTS		Date of Receipt
Mailing Address 264 PORTERS HILL RD		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MONROE	CT	06468-2236
FEC ID number of contributing federal political committee.		Transaction ID : PR2601127836325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
United HealthCare Services Inc	Assc Dir Act Svs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) B. MARIANNE SHORT		Date of Receipt
Mailing Address 2215 SUMMIT AVENUE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT PAUL	MN	55105-1002
FEC ID number of contributing federal political committee.		Transaction ID : PR2601133536325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="576.90"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
United HealthCare Services Inc	EVP Gen Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4615.20"/>	

Full Name (Last, First, Middle Initial) C. CRAIG NEWTON		Date of Receipt
Mailing Address 654 W GOLDFINCH WAY		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHANDLER	AZ	85286-4451
FEC ID number of contributing federal political committee.		Transaction ID : PR2601133736325
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="42.12"/>
Name of Employer	Occupation	P/R Deduction (\$14.04 Bi-Weekly)
United HealthCare Services Inc	Dir Clin Qlty	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="336.96"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="664.02"/>
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 239
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ALLEN PATRICK		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2601136836325
Mailing Address 225 W ESCALONES		Amount of Each Receipt this Period 136.89
City SAN CLEMENTE	State CA	Zip Code 92672-5102
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.63 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SB Mgr SIs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	

Full Name (Last, First, Middle Initial) B. AMY SWANSON		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2601140736325
Mailing Address 621 SPARROW WAY		Amount of Each Receipt this Period 833.31
City WADSWORTH	State OH	Zip Code 44281-7716
FEC ID number of contributing federal political committee. C		P/R Deduction (\$277.77 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1944.39	

Full Name (Last, First, Middle Initial) C. LORA OLDHAM		Date of Receipt 11 / 24 / 2014 Transaction ID : PR2601147636325
Mailing Address 20039 E BRIGHTWAY		Amount of Each Receipt this Period 28.86
City MOKENA	State IL	Zip Code 60448-1404
FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.62 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regl Dir Medic Brkr SIs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

SUBTOTAL of Receipts This Page (optional).....▶	999.06
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 205 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DOUGLAS 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 ▼ **335.34**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2601149636325
Amount of Each Receipt this Period **44.61**
P/R Deduction (\$14.87 Bi-Weekly)

B. MICHAEL CHRIST
Full Name (Last, First, Middle Initial)
Mailing Address 23 BRIARWOOD ROAD
City WEST HARTFORD State CT Zip Code 06107-2902
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **923.04**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2601156936325
Amount of Each Receipt this Period **115.38**
P/R Deduction (\$38.46 Bi-Weekly)

C. ANDREW TICE
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 ▼ **544.26**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2601160936325
Amount of Each Receipt this Period **83.58**
P/R Deduction (\$27.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **243.57**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KATHRYN HAYLEY
Full Name (Last, First, Middle Initial)

Mailing Address 7 BRIARWOOD LANE

City LINCOLNSHIRE State IL Zip Code 60069-2500

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

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2178.56**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2601169036325

Amount of Each Receipt this Period **397.95**

P/R Deduction (\$132.65 Bi-Weekly)

B. DEBORAH 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 Services, Inc Occupation Hlth Svs Dir RN/NP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2601176436325

Amount of Each Receipt this Period **136.89**

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

C. ROGER RODRIGUEZ
Full Name (Last, First, Middle Initial)

Mailing Address 10501 SW 102 AVENUE

City MIAMI State FL Zip Code 33176-3511

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 ▼ **923.04**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2601176836325

Amount of Each Receipt this Period **115.38**

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

SUBTOTAL of Receipts This Page (optional)..... **650.22**

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 207 OF 239
	<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. MARC KAPROW

Mailing Address 5079 SW 89TH AVE

City COOPER CITY State FL Zip Code 33328-3636

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 ▼ **338.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2601179036325

Amount of Each Receipt this Period
78.21

P/R Deduction (\$26.07 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KELLY DAVIS

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 ▼ **911.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2605734236325

Amount of Each Receipt this Period
132.84

P/R Deduction (\$44.28 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. TRACY MALONE

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 ▼ **923.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : PR2605736936325

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional).....▶	326.43
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 ▼ 461.52

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2605738236325
Amount of Each Receipt this Period 57.69
P/R Deduction (\$19.23 Bi-Weekly)

B. WILLIAM KIEFER
Full Name (Last, First, Middle Initial)
Mailing Address 101 MAIN STREET NE #4
City MINNEAPOLIS State MN Zip Code 55413-4502
FEC ID number of contributing federal political committee. **C**
Name of Employer Optum Services, Inc Occupation SVP Strat Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2769.12

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2605755636325
Amount of Each Receipt this Period 346.14
P/R Deduction (\$115.38 Bi-Weekly)

C. GLORIA AUSTIN
Full Name (Last, First, Middle Initial)
Mailing Address 1036 TERRACE HILLS DRIVE
City SALT LAKE CITY State UT Zip Code 84103-4030
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 ▼ 2205.90

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2605757436325
Amount of Each Receipt this Period 441.18
P/R Deduction (\$147.06 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	845.01
TOTAL This Period (last page this line 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 209 OF 239
	(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. BETHANY COLLINS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 8465 MISSION HILLS LANE		Transaction ID : PR2605757936325
City CHANHASSEN	State MN	Zip Code 55317-7712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Optum Services, Inc	Occupation Assc Dir Gen Mgmt	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. LARRY SMITH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1164 RUE CHINON		Transaction ID : PR2605760636325
City MANDEVILLE	State LA	Zip Code 70471-1213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 93.75
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Compli	P/R Deduction (\$31.25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

Full Name (Last, First, Middle Initial) C. MICHAEL WEISSEL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 99 HAGEN ROAD		Transaction ID : PR2606842936325
City NEWTON	State MA	Zip Code 02459-2731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.14
Name of Employer Optum Services, Inc	Occupation Optum Exec	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.12	

SUBTOTAL of Receipts This Page (optional).....▶	514.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code
DAVIDSONVILLE MD 21035-1348

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

Name of Employer Occupation
United HealthCare Services Inc Pres M&V

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4496.56

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2606845136325

Amount of Each Receipt this Period
755.13

P/R Deduction (\$251.71 Bi-Weekly)

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

Mailing Address 2004 ESTES PARK ROAD

City State Zip Code
SOUTHLAKE TX 76092-3855

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

Name of Employer Occupation
Optum Services, Inc SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.28

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2606854436325

Amount of Each Receipt this Period
1109.61

P/R Deduction (\$369.87 Bi-Weekly)

C. JAN EYER
Full Name (Last, First, Middle Initial)

Mailing Address 6241 CRESTBROOK DRIVE

City State Zip Code
MORRISON CO 80465-2225

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

Name of Employer Occupation
Optum Services, Inc Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.96

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2606857536325

Amount of Each Receipt this Period
42.12

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1906.86
TOTAL This Period (last page this line 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 211 OF 239
(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. SHELLEY 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 ▼ 1107.68

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2607803036325
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. CYNTHIA 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 Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2607806136325
 Amount of Each Receipt this Period 42.12
 P/R Deduction (\$14.04 Bi-Weekly)

C. SUSAN ESPARZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 19200 SPACE CENTER BLVD
 APT 1620
 City HOUSTON State TX Zip Code 77058-3852
 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 ▼ 292.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2607807836325
 Amount of Each Receipt this Period 109.50
 P/R Deduction (\$36.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 301.62
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 212 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VINCENT 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 ▼ 338.91

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2608052036325
Amount of Each Receipt this Period 78.21
P/R Deduction (\$26.07 Bi-Weekly)

B. SHAWN 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 ▼ 336.96

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2608059336325
Amount of Each Receipt this Period 42.12
P/R Deduction (\$14.04 Bi-Weekly)

C. LISA 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 ▼ 875.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2608059536325
Amount of Each Receipt this Period 187.50
P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	307.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VIRGINIA 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 **875.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2608061236325
Amount of Each Receipt this Period **187.50**
P/R Deduction (\$62.50 Bi-Weekly)

B. 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 **800.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2608061936325
Amount of Each Receipt this Period **300.00**
P/R Deduction (\$100.00 Bi-Weekly)

C. ALLYN HECK
Full Name (Last, First, Middle Initial)
Mailing Address 3233 BARRHITE 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 **336.96**

Date of Receipt **11 / 24 / 2014**
Transaction ID : PR2609810936325
Amount of Each Receipt this Period **42.12**
P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **529.62**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 214 OF 239
	(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. KETAN 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 ▼ **298.62**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2612523336325

Amount of Each Receipt this Period **99.54**

P/R Deduction (\$33.18 Bi-Weekly)

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

Mailing Address 4118 SUNNYSIDE ROAD

City EDINA State MN Zip Code 55424-1214

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 ▼ **2250.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2612532536325

Amount of Each Receipt this Period **375.00**

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

C. CARRIE 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 Assc Dir Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2612533736325

Amount of Each Receipt this Period **136.89**

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

SUBTOTAL of Receipts This Page (optional)..... **611.43**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 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 Assc Dir Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **298.62**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2614310736325

Amount of Each Receipt this Period **99.54**

P/R Deduction (\$33.18 Bi-Weekly)

B. BRENT JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 635 NE TUDOR RD APT 2

City LEES SUMMIT State MO Zip Code 64086-5774

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 ▼ **324.48**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2614312636325

Amount of Each Receipt this Period **60.84**

P/R Deduction (\$20.28 Bi-Weekly)

C. ABIGAIL 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 ▼ **923.04**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2614315636325

Amount of Each Receipt this Period **115.38**

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

SUBTOTAL of Receipts This Page (optional).....▶	275.76
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 216 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SAMUEL 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 Dir Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.22**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2615086036325

Amount of Each Receipt this Period **52.14**

P/R Deduction (\$17.38 Bi-Weekly)

B. RANDALL 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 Assc Behvrl Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **913.08**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2615671536325

Amount of Each Receipt this Period **130.44**

P/R Deduction (\$43.48 Bi-Weekly)

C. 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 ▼ **913.08**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2615671636325

Amount of Each Receipt this Period **130.44**

P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **313.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input 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 YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 321 CLINTON PLACE

City State Zip Code
HACKENSACK NJ 07601-2802

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

Name of Employer Occupation
Optum Services, Inc NA Vice Pres AM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **328.50**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2615929436325

Amount of Each Receipt this Period
54.75

P/R Deduction (\$18.25 Bi-Weekly)

B. WESLEY KIRBY
Full Name (Last, First, Middle Initial)

Mailing Address 3213 SAGE BRUSH TRL

City State Zip Code
PLANO TX 75023-5631

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

Name of Employer Occupation
Optum Services, Inc Sr Cnslt Bus Adv/Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **324.48**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2615957036325

Amount of Each Receipt this Period
60.84

P/R Deduction (\$20.28 Bi-Weekly)

C. PATRICIA CAMACHO
Full Name (Last, First, Middle Initial)

Mailing Address 906 BLUEBIRD

City State Zip Code
MANCHACA TX 78652-4154

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

Name of Employer Occupation
United HealthCare Services Inc Assc Dir Mktg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **292.00**

Date of Receipt
11 / 24 / 2014

Transaction ID : PR2617361136325

Amount of Each Receipt this Period
109.50

P/R Deduction (\$36.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **225.09**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ALAN 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 ▼ **322.05**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2617361736325

Amount of Each Receipt this Period
64.41

P/R Deduction (\$21.47 Bi-Weekly)

B. MEGHAN 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 ▼ **273.78**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2617363636325

Amount of Each Receipt this Period
136.89

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

C. MARK 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 ▼ **273.78**

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2617922836325

Amount of Each Receipt this Period
136.89

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

SUBTOTAL of Receipts This Page (optional)..... **338.19**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAY 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 Relationship

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.70**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2617931336325

Amount of Each Receipt this Period **156.42**

P/R Deduction (\$52.14 Bi-Weekly)

B. MARK 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 ▼ **1040.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2617933936325

Amount of Each Receipt this Period **240.00**

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

C. PAWAN MALHOTRA
Full Name (Last, First, Middle Initial)

Mailing Address 8111 SPRING HILL FARM DR

City MCLEAN State VA Zip Code 22102-2330

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 ▼ **2500.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2622556136325

Amount of Each Receipt this Period **2500.00**

P/R Deduction (\$2500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2896.42
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 220 OF 239
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOLENE GARELLI
Full Name (Last, First, Middle Initial)

Mailing Address 77 BULL HILL ROAD

City WOODSTOCK State CT Zip Code 06281-2311

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

Name of Employer Optum Services, Inc Occupation IT Proj Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2622559236325

Amount of Each Receipt this Period **136.89**

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

B. 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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **298.62**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2622562136325

Amount of Each Receipt this Period **99.54**

P/R Deduction (\$33.18 Bi-Weekly)

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

Mailing Address 2870 BRITANNIA COURT

City RENO State NV Zip Code 89523-2251

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

Name of Employer Optum360 Services Inc Occupation Sr Cnslt Bus Adv/Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **298.62**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR2622562936325

Amount of Each Receipt this Period **99.54**

P/R Deduction (\$33.18 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **335.97**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 239
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PETER JACOBY		Date of Receipt
Mailing Address 6203 STONEHAM LANE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
MCLEAN	VA	22101-2342
FEC ID number of contributing federal political committee.		Transaction ID : PR2623707536325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1666.65"/>
Name of Employer	Occupation	P/R Deduction (\$555.55 Bi-Weekly)
United HealthCare Services Inc	SVP Govt Affs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="3888.85"/>

Full Name (Last, First, Middle Initial) B. REBECCA MULES		Date of Receipt
Mailing Address 660 DOVER STREET		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BALTIMORE	MD	21230-2228
FEC ID number of contributing federal political committee.		Transaction ID : PR2624442636325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="428.58"/>
Name of Employer	Occupation	P/R Deduction (\$142.86 Bi-Weekly)
United HealthCare Services Inc	Dir Govt Affs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="714.30"/>

Full Name (Last, First, Middle Initial) C. DAVID JACOBSON		Date of Receipt
Mailing Address 3177 WHITE CEDAR PLACE		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
THOUSAND OAKS	CA	91362-4904
FEC ID number of contributing federal political committee.		Transaction ID : PR2624444336325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="136.89"/>
Name of Employer	Occupation	P/R Deduction (\$45.63 Bi-Weekly)
United HealthCare Services Inc	Dir Mktg Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="273.78"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2232.12"/>
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 222 OF 239
	<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. JENIFER FULLER JESSEP
 Full Name (Last, First, Middle Initial)
 Mailing Address 14320 KEITH COURT
 City BROOMFIELD State CO Zip Code 80023-9584
 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 ▼ 1166.69

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2624445436325
 Amount of Each Receipt this Period 500.01
 P/R Deduction (\$166.67 Bi-Weekly)

B. CHRISTOPHER COLLETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 786 CAMBERWELL DRIVE
 City EAGAN State MN Zip Code 55123-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 11 / 24 / 2014
Transaction ID : PR2625499536325
 Amount of Each Receipt this Period 333.33
 P/R Deduction (\$333.33 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).....▶	833.34
TOTAL This Period (last page this line number only).....▶	123246.27

**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. Hoyer for Congress

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steny Hamilton Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 37610934

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

011

Candidate Name

Kathleen Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 37610936

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Party of Oregon - Federal Account

Mailing Address 232 NE 9th Ave

City Portland State OR Zip Code 97232

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 M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 37610937

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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 Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William Shuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : 37610980

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

011

Candidate Name

Jason Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : 37610982

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cramer For Congress

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Cramer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : 37611015

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas Emmer Jr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 37611016

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. 21st Century Majority Fund

Mailing Address 6065 Roswell Road
#2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contribution

011

Candidate Name

21st Century Majority Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 37629015

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 37629016

Amount of Each Disbursement this Period

2000.00

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. Ratcliffe For Congress

Mailing Address 2931 Ridge Road Suite 101
Pmb #217

City State Zip Code
Rockwall TX 75032

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

John Ratcliffe

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37629020

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Steve Russell For Congress

Mailing Address 10600 S Penn Ave Ste 16-284

City State Zip Code
Oklahoma City OK 73170

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Steven Russell

Office Sought: House
 Senate
 President
State: OK District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37629022

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Mailing Address 6380 Wilshire Blvd #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Ted Lieu

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37629023

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. Thornberry For Congress Committee

Mailing Address P.O. Box 9392

City State Zip Code
Amarillo TX 79105

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mac Thornberry

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 37629024

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gallego For Arizona

Mailing Address PO Box 1710

City State Zip Code
Phoenix AZ 85001

Purpose of Disbursement
Contribution

011

Candidate Name

Ruben Gallego

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 37629025

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cummings for Congress Campaign Committee

Mailing Address PO Box 1631

City State Zip Code
Baltimore MD 21203

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Elijah Cummings

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 37632376

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CHERPAC

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name
CHERPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 37632378

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ryan For Congress

Mailing Address 337 Vienna Avenue
Suite 1

City Niles State OH Zip Code 44446

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Timothy Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 37632379

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Connolly For Congress

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Gerald Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 37632380

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

48000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input checked="" 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. JOHN LOVELADY

Mailing Address 6268 ORCHARD PARK

City State Zip Code
FRISCO TX 75034-5126

Purpose of Disbursement
Refund of PAC Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37632381

Amount of Each Disbursement this Period

Refund of PAC Contribution

Full Name (Last, First, Middle Initial)

B. MARIA MCCAULEY

Mailing Address 7511 4TH AVENUE DRIVE NW

City State Zip Code
BRADENTON FL 34209-7219

Purpose of Disbursement
Refund of PAC Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37664924

Amount of Each Disbursement this Period

Refund of PAC Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund of PAC Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. PAC for a Better Vermont

Mailing Address 1787 Elmore Mountain Road

City Elmore State VT Zip Code 05661

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37602428

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Shumlin for Governor

Mailing Address PO Box 5353

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

Candidate Name

Peter Shumlin

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37602429

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Phil Scott for Lt. Governor Campaign

Mailing Address 46 Three Mile Bridge Rd

City Middlesex State VT Zip Code 05602

Purpose of Disbursement
Contribution

Candidate Name

Phil Scott

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37602431

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 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 Michael Sanchez

Mailing Address 3 Bunton Road

City Belen State NM Zip Code 87002

Purpose of Disbursement Contribution

011

Candidate Name

Senator Michael Sanchez

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605332

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Ige for Governor 2014

Mailing Address PO Box 2999

City Aiea State HI Zip Code 96701

Purpose of Disbursement Contribution

011

Candidate Name

David Ige

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605333

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nathan Deal for Governor, Inc.

Mailing Address PO Box 2495

City Gainesville State GA Zip Code 30503

Purpose of Disbursement Contribution

011

Candidate Name

Nathan Deal

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605334

Amount of Each Disbursement this Period

6300.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10800.00

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. Jose Menendez Campaign

Mailing Address PO Box 761780

City San Antonio State TX Zip Code 78245

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Jose Menendez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605348

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Schofield Campaign

Mailing Address 1 E Greenway Plaza
Ste 225

City Houston State TX Zip Code 77046

Purpose of Disbursement
Contribution

011

Candidate Name

Michael Schofield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605350

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sylvester Turner Campaign

Mailing Address 440 Louisiana
Suite 1880

City Houston State TX Zip Code 77002

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Sylvester Turner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605352

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. Texans for Charles Schwertner

Mailing Address PO Box 2448

City Georgetown State TX Zip Code 78627-2448

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

TX Sen. Charles Schwertner MD

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37605355

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Walt Leger III, LLC

Mailing Address 5500 Prytania St
#113

City New Orleans State LA Zip Code 70170

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

LA Rep. Walter J. Leger III

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37605366

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Rick Ward

Mailing Address 3741 Hwy 1 South

City Port Allen State LA Zip Code 70767

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

LA Sen. Richard J. Ward III

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37605375

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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Ledricka Thierry

Mailing Address 8282 Hwy 182

City Opelousas State LA Zip Code 70570

Purpose of Disbursement
Contribution

011

Candidate Name

LA Rep. Ledricka Thierry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605378

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Major Thibaut

Mailing Address 2004 False River Drive

City New Roads State LA Zip Code 70760

Purpose of Disbursement
Contribution

011

Candidate Name

LA Rep. Joseph H. Major Thibaut Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 37605379

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mark Hutchison

Mailing Address 10080 West Alta Drive
Suite 140

City Las Vegas State NV Zip Code 89145

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Hutchison

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : 37611017

Amount of Each Disbursement this Period

2500.00

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. Committee to Elect Debbie Rodella

Mailing Address 16 Private Drive 1156

City State Zip Code
Espanola NM 87532

Purpose of Disbursement
Void - Committee to Elect Debbie Rodella; check dated 8/14/2014

011

Candidate Name

Representa Debbie Rodella

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : 37629993

Amount of Each Disbursement this Period

-250.00

Void - Committee to Elect Debbie Rodella; check dated 8/14/2014

Full Name (Last, First, Middle Initial)

B. Committee to Elect Phil Griego

Mailing Address PO Box 10

City State Zip Code
San Jose NM 87565

Purpose of Disbursement
Void - Committee to Elect Phil Griego; Check dated 8/14/2014

011

Candidate Name

Senator Phil Griego

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : 37629994

Amount of Each Disbursement this Period

-250.00

Void - Committee to Elect Phil Griego; Check dated 8/14/2014

Full Name (Last, First, Middle Initial)

C. Jim Donelon Campaign

Mailing Address PO Box 6993

City State Zip Code
Metairie LA 70009

Purpose of Disbursement
Contribution

011

Candidate Name

Jim Donelon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2014			

Transaction ID : 37667047

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Farley for Nevada

Mailing Address 1930 Village Center Circle
#3-619

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
Contribution

Candidate Name
Patricia Farley

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37667112

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Vision PAC

Mailing Address PO Box 740338

City New Orleans State LA Zip Code 70174

Purpose of Disbursement
Void - Vision PAC; check dated 8/18/2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37670289

Amount of Each Disbursement this Period

Void - Vision PAC; check dated 8/18/2014

Full Name (Last, First, Middle Initial)

C. Vision PAC

Mailing Address PO Box 740338

City New Orleans State LA Zip Code 70174

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 37670290

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 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. Ducey 2014

Mailing Address PO Box 12558

City State Zip Code
Tempe AZ 85284

Purpose of Disbursement
Debt Retirement

Category/
Type

Candidate Name
Doug Ducey

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37685260

Amount of Each Disbursement this Period

Debt Retirement

Full Name (Last, First, Middle Initial)

B. Vision for Victory

Mailing Address PO Box 1189

City State Zip Code
Mt Pleasant MI 48804

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37685262

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Becky Harris

Mailing Address PO Box 401146

City State Zip Code
Las Vegas NV 89140

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Becky Harris

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 37685269

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 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 Michael Roberson

Mailing Address PO Box 530940

City Henderson State NV Zip Code 89053

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
NV Sen. Michael Roberson

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37685271

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name
PA Rep. Frank Dermody

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37685273

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Mike Vereb

Mailing Address 117 Meadowland Dr

City Collegeville State PA Zip Code 19426

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
PA Rep. Mike Vereb

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 37685284

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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