

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East

Check if different than previously reported. (ACC)

Minnetonka MN 55343

2. **FEC IDENTIFICATION NUMBER** ▼ C C00274431 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2014 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2014

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

Type or Print Name of Treasurer Sherwood, Susan, , ,

Signature of Treasurer Sherwood, Susan, , , Date M M / D D / Y Y Y Y Y Y 04 / 18 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="360509.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="342930.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="57175.14"/>	<input type="text" value="202769.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="400105.21"/>	<input type="text" value="563279.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="50500.00"/>	<input type="text" value="213674.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="349605.21"/>	<input type="text" value="349605.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44359.49	138287.30
(ii) Unitemized .....	12815.65	64482.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	57175.14	202769.95
(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) .....	57175.14	202769.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	57175.14	202769.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	57175.14	202769.95

**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.....	48500.00	212000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	14.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	14.04
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	1660.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	50500.00	213674.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50500.00	213674.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	57175.14	202769.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	14.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57175.14	202755.91
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 98
	<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. COOK, WAYNE F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159812833161**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. WICHMANN, DAVID S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Pres UHG Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159814733161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ERLANDSON, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159815933161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	889.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159816433161**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. MUNSELL, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159816633161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. PENSHORN, JOHN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159816933161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 704.60  
**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 8 OF 98
<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. KALLMEYER, PAUL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159817433161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. RYAN, TIMOTHY F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159817933161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. QUIRK, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159819133161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	394.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MIGLIORI, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Consumr Hlth Med Care  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159827433161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. RIVET, JEANNINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1159830033161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WELTERS, ANTHONY, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1332013233161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	969.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 98
<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. BOHNENKAMP, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1551005633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1551133433161**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. VALERIUS, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Recruiting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1551161333161**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	462.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1551161433161**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. ENDERLE, JOHN O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1554323533161**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
 P/R Deduction (\$55.00 Bi-Weekly)

**C. ERICKSON, KAREN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1575957633161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	614.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 98
<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. MONFILETTO, ERNEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1575958133161**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. VALENTA, LEE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Pres Lif Scis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1575958533161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PAUL, THOMAS S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC Chief Cnsmr Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1580864733161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	738.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 98
	<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. WEBB, ROBERT THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1580865333161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HUGHES, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Human Capital Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596304133161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. JOHNSON, THAD C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596304333161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	784.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 98
<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. MATUSHAK, JAY S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1596304633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MORNESS, CAROL B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1596304933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SCHUMACHER, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR1596305433161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 98
	<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. LEWIS, THOMAS D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1596306933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. OBERRENDER, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1596307033161**  
 Amount of Each Receipt this Period 220.00  
 Memo Item  
 P/R Deduction (\$110.00 Bi-Weekly)

**C. FLYNN, DIANE BEDNAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1596309733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. MALLATT, KATHLEEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596315433161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ROSENTHAL, DANIEL I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwks  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596317333161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. RUTH, KEVIN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596317433161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 461.52  
**TOTAL** This Period (last page this line number only).....▶

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

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

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

**A. STURKEY, DAVID C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1596318433161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DODDY, JOHN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1600597333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MICHAUX, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM PCM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1600598533161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SANDY, LEWIS G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1600598733161**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. PETERSON, MATTHEW W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CAO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1602669933161**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. MALONEY, JEFFREY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 673.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR1613243533161**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	592.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KOOREN, STEVE R, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 <b>Transaction ID : PR1653443233161</b>		
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 384.60		
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Bus Segment COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1346.10			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BELLAMY, THOMAS J, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 <b>Transaction ID : PR1653444333161</b>		
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 115.40		
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$57.70 Bi-Weekly)		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP SIs Ops			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.90			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. JACQUES, ALISTAIR D, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 <b>Transaction ID : PR1653445233161</b>		
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 384.60		
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)		
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Bus Segment CIO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1346.10			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	884.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SNOWDEN, MILES S, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1746717833161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TALAMANTES, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Six Sigma Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1806444733161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. EMERSON, PAUL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1806750333161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 98
	<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. ANDERSON, CATHERINE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1903550733161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. EDBERG, SUSAN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1903578133161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. JOHNSON, CHRISTOPHER T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1903591133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	472.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 98
<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. SANTELLI, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR1903622033161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. BERKEL, SUSAN LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119468133161**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. CARTER, LESLIE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119470333161**  
 Amount of Each Receipt this Period 96.00  
 Memo Item  
 P/R Deduction (\$-96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 98
<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. HANSEN, DAVID M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119476733161**  
 Amount of Each Receipt this Period 270.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**B. HO, SAMUEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1076.60

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119477933161**  
 Amount of Each Receipt this Period 307.60  
 Memo Item  
 P/R Deduction (\$153.80 Bi-Weekly)

**C. JONES, JOHN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119479233161**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 769.60  
**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 24 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PITTMAN, AUSTIN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 945.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119486733161**  
 Amount of Each Receipt this Period 270.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**B. POLICH, CYNTHIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119486833161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. TANIGAWA, CHERYL, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Entrprs Hlth Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119491133161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	662.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 98
	<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. TUCKER, STEVEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119492033161**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. VANASTEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Site Dir Medicr Ins Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2119492633161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. BURKE, FORREST G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres PS Labor Trust  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2133132433161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 472.00  
**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 26 OF 98
	<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. HULTGREN, BROR O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2133133233161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MILLER, ALLEN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2133133633161**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. MORISATO, SUSAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2133133833161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	532.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 98
	<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. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Financial Plng Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2133134233161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FALKENBERG, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2145728433161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SMITH, DANNETTE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2145729933161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	847.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 98
<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. SPARKS, MARGARET W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2145730233161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. SPIVACK, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2162867633161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225166733161**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	715.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 98
<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. SLAVITT, ANDREW M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225167433161**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. BEAULE, JEAN-FRANCOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225813633161**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. RANGEN, ERIC S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Accting Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225819333161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RYAN, JOHN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225819633161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SAILOR, ROY THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2225819733161**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2231347233161**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 98
<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. RICHEY, DARRELL S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2231352333161**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. CONNLY, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247625833161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. CARCIONE JR, JOSEPH R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247626833161**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KANTOLA, KEVIN DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247627033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. O'BRIEN, DENNIS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247627333161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. VERNEY, JEFFERY RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247627433161**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OHMAN, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2247628033161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. PRINCE, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2259738433161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. CRONN, CHRISTOPHER L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2270522933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	463.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEVENS, SIMON L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) EVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.90

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2364863233161**  
 Amount of Each Receipt this Period 217.40  
 Memo Item  
 P/R Deduction (\$108.70 Bi-Weekly)

**B. DE SA, JEANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2402315933161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. LOGAN, JAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2402318233161**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$117.10 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	467.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 98
<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. SOUZA, DIANE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Bens  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402320033161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LILIENTHAL, LORI SWEERE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402320233161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. CRANLEY, SHELLEY WIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402444433161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BECKER, JAMES H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1076.95

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402445133161**  
 Amount of Each Receipt this Period 307.70  
 Memo Item  
 P/R Deduction (\$153.85 Bi-Weekly)

**B. COLEMAN, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Empl Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402445233161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. DONOVAN, JAMES D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402445333161**  
 Amount of Each Receipt this Period 130.00  
 Memo Item  
 P/R Deduction (\$65.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	637.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LARSEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1158.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402445633161**  
 Amount of Each Receipt this Period 193.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402446233161**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. PETRELLA, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medicare & Retirement Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 256.15

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2402446433161**  
 Amount of Each Receipt this Period 78.58  
 Memo Item  
 P/R Deduction (\$78.58 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	331.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALEXANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gov't Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2405428833161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ARMSTEAD, RODNEY CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2405430233161**  
 Amount of Each Receipt this Period 96.15  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. WALSH, PETER H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2405431133161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	674.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KOZIARA BOUDREAU, GAIL, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR2437119533161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 384.62
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) EVP Gr Pres UHC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HAGAN, WILLIAM A, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR2437120033161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 76.92
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Chief Growth Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BALTHAZOR, PAUL JOSEPH, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR2437120733161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 120.00
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Bus Segment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	581.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 98
<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. CLARK, KELLY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2437121333161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. NESS, LAURA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2437121533161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. COSGRIFF, JOHN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1215.20

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2437121633161**  
 Amount of Each Receipt this Period 398.40  
 Memo Item  
 P/R Deduction (\$199.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 98
<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. RAINEY, PETER W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2437127533161**  
 Amount of Each Receipt this Period 230.00  
 Memo Item  
 P/R Deduction (\$115.00 Bi-Weekly)

**B. LIPPERT, ROBIN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2439928033161**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. HEYMAN, STEPHEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2444265733161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	814.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCDUGAL, LORI C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2445015333161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ADLINGTON SHKABERIN, AMY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2445016433161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. DUHAIME, MARK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2445016933161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIEGEL, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 319.41

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2445017133161**  
 Amount of Each Receipt this Period 91.26  
 Memo Item  
 P/R Deduction (\$45.63 Bi-Weekly)

**B. KEITEL, KARIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2460167633161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. RENFRO, LARRY C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP UHG CEO Optum  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2460168133161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 98
<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. ORBUCH, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2460168233161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WEXLER, ERIC J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2463723133161**  
 Amount of Each Receipt this Period 64.00  
 Memo Item  
 P/R Deduction (\$32.00 Bi-Weekly)

**C. SCHICK, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2480620533161**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$195.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	646.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2484542133161**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. PHILLIPS, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2484542633161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KUBICKI, JERI G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2486697833161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	636.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MANDERFELD, THOMAS B, , ,</b>			Date of Receipt
Mailing Address 9900 Bren Road East			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Minnetonka	State MN	Zip Code 55343-9664	<b>Transaction ID : PR2486697933161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Gen Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>		P/R Deduction (\$40.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MCMAHON, DIRK C, , ,</b>			Date of Receipt
Mailing Address 9900 Bren Road East			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Minnetonka	State MN	Zip Code 55343-9664	<b>Transaction ID : PR2491457033161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Bus Segment CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>		P/R Deduction (\$100.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SULLIVAN, KATHRYN M, , ,</b>			Date of Receipt
Mailing Address 9900 Bren Road East			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Minnetonka	State MN	Zip Code 55343-9664	<b>Transaction ID : PR2491457533161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="194.00"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Regn CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="679.00"/>		P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="474.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, KARA V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2540175333161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. EDWARDS, HYLLIUS R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2541300433161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. PURDY, PATRICIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2541300633161**  
 Amount of Each Receipt this Period 196.30  
 Memo Item  
 P/R Deduction (\$98.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TIERNEY, JOELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.64

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2541300733161**  
 Amount of Each Receipt this Period 76.88  
 Memo Item  
 P/R Deduction (\$38.44 Bi-Weekly)

**B. VERSAGGI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.12

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2541300833161**  
 Amount of Each Receipt this Period 192.32  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

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

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2542541933161**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	329.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. RAMSAY, RICHARD E, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR254254233161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 100.00
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SPENCER, IPYANA, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR254254233161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 60.00
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. COMBS, CHANTA G, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : PR2552313533161</b>
Mailing Address 9900 Bren Road East			Amount of Each Receipt this Period 76.92
City Minnetonka	State MN	Zip Code 55343-9664	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Rel Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4269.22		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	236.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 98
<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. PACE, JEANNE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2552313733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. ALTER, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1076.95

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2552960233161**  
 Amount of Each Receipt this Period 307.70  
 Memo Item  
 P/R Deduction (\$153.85 Bi-Weekly)

**C. BRYANT, JEREMY VAUGHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2552961333161**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	455.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLANNERY, SCOTT F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552962333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. HANNAN, CLAIRE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552962733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JAMES, GREGORY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552963233161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**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 52 OF 98
<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. JEDLICKA, JARRETT T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR255296333161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. LOVELADY, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552964233161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. SCIUTO, THOMAS D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552966133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STREIT, BARRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Medicr Field Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2552966733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. RAYBURN, MONICA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2553475133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. THOMAS, RICHARD D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2553475433161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2553475533161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. FLAGSTAD, KARSTEN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2554013033161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. CLUTE, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560064433161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 98
<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. GAGE, CRAIG W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560064733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. GIANCURSIO, DONALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560064933161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**C. JONES, JERI L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560065133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 98
	<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. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560065433161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. LOBERG, ANGELA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560065533161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. LUCHT, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Act Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2560065633161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	582.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 98
<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. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2560066033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. NOEL, TIMOTHY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 531.44

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2560398833161**  
 Amount of Each Receipt this Period 207.22  
 Memo Item  
 P/R Deduction (\$103.61 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2560821133161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	362.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 98
	<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. LUND, BRIAN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mgr Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2561457633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. CAVANAUGH, LARRY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2563211033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CRAMPTON, KATHLEEN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Plan Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2563211133161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98
	<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. WALSH, JENNIFER F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564296833161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. MILLER, ARTHUR R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1166.69

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564296933161**  
 Amount of Each Receipt this Period 333.34  
 Memo Item  
 P/R Deduction (\$166.67 Bi-Weekly)

**C. MACKENZIE, ANDREW C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564297133161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	727.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SWANSON, STEPHEN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564297333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. BALTHASER, HARVEY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564297533161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. HANSEN, PAUL DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Controller Mkt Group  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564802733161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KENNY, KATHERINE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP of Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564803233161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MARDEN, PAUL O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564803333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. O'HARE, TAMMY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564803933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	234.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERNIS, DEBRA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Complnc/Ethics Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564804033161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. RUBIN, KATHRYN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Social Resp/Pres Found  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564804333161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. FORBES, JARROD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2564804533161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 468.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WICKS, TIMOTHY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2565448633161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ARNONE, WENDY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2568900533161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. STEARNS, MATTHEW H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2571777933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 98
<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. MOYER, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2571778333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DEAN, JEFFREY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2572589433161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. CARLSON, KEVIN JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2572590033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CLARKE, THERESA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2572591133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. WIFFLER, THOMAS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Field Ops Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2572992733161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. MCGINNITY, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2573519033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BURNETT, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2574988233161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. VAN HOLMES, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Human Capital Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575030933161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. O'BRIEN, JENNIFER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575034533161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 98
<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. MCCARTY, CARY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575059433161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. NICHOLS, SANDRA B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575074533161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. GOLEMI, GLEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575098833161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	347.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 98
	<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. JONES, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Pres Prov Sols  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575163533161**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. CASSANO, SCOTT G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575164433161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. STAMM, MICHAEL PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575194633161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. GILPIN JR, HOWARD CHARLES, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 9900 Bren Road East		<b>Transaction ID : PR2575224933161</b>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir Act Cnslt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CHOATE, THOMAS C, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 9900 Bren Road East		<b>Transaction ID : PR2575247833161</b>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Chief Growth Off	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. DICKSON, SCOTT F, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 9900 Bren Road East		<b>Transaction ID : PR2575293233161</b>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP IT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 269.22	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BEAUREGARD, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres United Essentials  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1107.85

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575295133161**  
 Amount of Each Receipt this Period 409.70  
 Memo Item  
 P/R Deduction (\$204.85 Bi-Weekly)

**B. WALSH, DAVID W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575312733161**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. GOLDBERG, JEFFREY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Strat Clnt Rel Ex Optuml  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575326933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	537.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 98
<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. TELESKY, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575350933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. GOTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Finance  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575419133161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LOSE, JERI L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2575419833161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. O'HARA, KARIN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Accting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575428733161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JOSEPH, MOLLY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575521733161**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. HEBERT, PAUL B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Bens Dntl  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575522333161**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAMLIN, THOMAS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575536233161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WINSOR, ELIZABETH C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575582833161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. PETEROY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575585633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 347.22  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, BRIAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575634633161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CLARK, TERRENCE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575636933161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. DAVIS, BENTON V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwks  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575639233161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	463.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 98
	<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. SUBLETTE, NANCY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575646933161**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. GONG, RONALD MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M R SIs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575651533161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MCFANN, ELENA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575654733161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	378.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. ALLEN, CARL E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Phys Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575669333161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MOESCHLER, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575676133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. PRIEST, BRADY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575677233161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 348.30  
**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 77 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STIDMAN, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 614.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575683833161**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. FARRELL, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575696233161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575708833161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KNORR, MOLLY LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575735433161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ADAME, CARLOS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575755433161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. RUSSELL, LAURIE ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575812133161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILLER, WILLIAM J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 819.07

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575819833161**  
 Amount of Each Receipt this Period 176.94  
 Memo Item  
 P/R Deduction (\$88.47 Bi-Weekly)

**B. SKOPAS, EDWARD JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575842733161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. LANGAN, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575885033161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	448.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MEDEIROS, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575930633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MATTERA, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575938433161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SALINAS, MARC T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575967933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 98
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. PERLMAN, JUDITH GAGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575968933161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. LEENAY, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2575982833161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BRIGGS, MARC R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.79

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576001633161**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WARMUTH, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576040033161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. MEDOWS, RHONDA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576040433161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. JOHNSON, RESTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Entrprs Real Estate Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576051633161**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	464.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REX, JOHN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2576060033161**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

**B. DAVIS, ANGELA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2576083933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KENT, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2576119033161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	539.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 98
<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. TORGERSON, CHANDRA LUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576128633161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. NELSON, STEVEN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576144833161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. FRIDNER, JOHN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2576147533161**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 98
	<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. KENIRY, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gov't Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2577379333161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HOPKINS, KATHRYN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 942.34

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2578735233161**  
 Amount of Each Receipt this Period 269.24  
 Memo Item  
 P/R Deduction (\$134.62 Bi-Weekly)

**C. KOUZOUKAS, DEMETRIOS L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2578740433161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	846.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2578824333161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GROSCHEN, LAURA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2595230933161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GIORGIO, SHERRI LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **03 / 31 / 2014**  
**Transaction ID : PR2600648933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	846.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCOTT, WESTON PRICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.39

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2601125333161**  
 Amount of Each Receipt this Period 61.54  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

**B. SHORT, MARIANNE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2601133533161**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CHRIST, MICHAEL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2601156933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	523.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2601169733161**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2601176833161**  
 Amount of Each Receipt this Period  
 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BUSCH NEHRING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2605698333161**  
 Amount of Each Receipt this Period  
 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2605736933161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2605755633161**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : PR2606842933161**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	538.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATECZUN, JOHN MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 373.05

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2606845133161**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. ETTELSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2606856133161**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

**C. KENNEDY, SHELLEY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9900 Bren Road East  
 City Minnetonka State MN Zip Code 55343-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Service Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2014  
**Transaction ID : PR2607803033161**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	634.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 98
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
VAIL, ABIGAIL LONDON, , ,

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Govt Rel Dir
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

**Transaction ID : PR2614315633161**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line number only).....	44359.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address PO Box 77

City  
East Moline

State  
IL

Zip Code  
61244

Purpose of Disbursement

Contribution

011

Candidate Name

Bustos, Cheri, , Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2014

Primary  General  
 Other (specify) ▼

State: IL

District: 17

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2014

FEC Identification Number

C00498568

**Transaction ID : 36957884**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. AMERIPAC: The Fund for a Greater America**

Mailing Address 700 13th Street NW, Suite 600

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2014

FEC Identification Number

C00271338

**Transaction ID : 36962875**

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City  
La Crosse

State  
WI

Zip Code  
54601

Purpose of Disbursement

Contribution

011

Candidate Name

Kind, Ronald, James, Rep.,

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2014

Primary  General  
 Other (specify) ▼

State: WI

District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

FEC Identification Number

C00312017

**Transaction ID : 36972997**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ron Barber for Congress**

Mailing Address PO Box 57715

City  
Tucson

State  
AZ

Zip Code  
85732

Purpose of Disbursement

Contribution

011

Candidate Name

Barber, Ronald, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

FEC Identification Number

C C00512129

**Transaction ID : 36972998**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City  
Oregon City

State  
OR

Zip Code  
97045

Purpose of Disbursement

Contribution

011

Candidate Name

Schrader, Kurt, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

FEC Identification Number

C C00446906

**Transaction ID : 36972999**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address Post Office Box 582496

City  
Elk Grove

State  
CA

Zip Code  
95758

Purpose of Disbursement

Contribution

011

Candidate Name

Bera, Amerish, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

FEC Identification Number

C C00461061

**Transaction ID : 36973000**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Bera for Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Contribution

011

Candidate Name

Bera, Amerish, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

FEC Identification Number

C C00461061

Transaction ID : 36973001

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Kline for Congress**

Mailing Address 350 W Burnsville Parkway, Suite 37

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

Contribution

011

Candidate Name

Kline, John, Paul, Rep., Jr.

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

FEC Identification Number

C C00326629

Transaction ID : 36973002

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Republican Party of Wisconsin - Federal Account**

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

FEC Identification Number

C

Transaction ID : 36990385

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Wisconsin - Federal Account**

Mailing Address 148 E Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement

Contribution

Candidate Name

011  
Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2014

FEC Identification Number

C [ ]

**Transaction ID : 36990387**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Patrick Murphy**

Mailing Address 4521 PGA Boulevard, #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement

Contribution

Candidate Name

Murphy, Patrick, , Rep.,

011  
Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: FL District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

FEC Identification Number

C C00493825

**Transaction ID : 37003879**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Walz for US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Contribution

Candidate Name

Walz, Timothy, J., Rep.,

011  
Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2014

FEC Identification Number

C C00409409

**Transaction ID : 37003880**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[ ] 7500.00

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC - MC PAC**

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Majority Committee PAC - MC PAC

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
03		21		2014

FEC Identification Number

C C00428052

**Transaction ID : 37003882**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Next Century Fund

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
03		21		2014

FEC Identification Number

C C00343947

**Transaction ID : 37003883**

Amount of Each Disbursement this Period

3000.00
---------

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Dent, Charles, W., Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

FEC Identification Number

C C00386847

**Transaction ID : 37003885**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Ribble for Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912-7069

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Ribble, Reid, J., Rep.,

Office Sought:  House  Senate  President  
State: WI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37003886**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Freedom and Security PAC**

Mailing Address 228 S Washington Street, Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Freedom and Security PAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37003887**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Vicky Hartzler for Congress**

Mailing Address PO Box 30080

City Columbia State MO Zip Code 65205-3080

Purpose of Disbursement

Contribution

Category/  
Type

Candidate Name

Hartzler, Vicky, , Rep.,

Office Sought:  House  Senate  President  
State: MO District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 37003888**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

City  
Springboro

State  
OH

Zip Code  
45066

Purpose of Disbursement  
Shannon Jones, STATE SENATE 7th OH

011  
Category/  
Type

Candidate Name  
Jones, Shannon, , OH Sen.,

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

FEC Identification Number

C

**Transaction ID : 36990378**

Amount of Each Disbursement this Period

1250.00

Memo Item Shannon Jones, STATE SENATE 7th OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Sears**

Mailing Address 3050 Byrnwyck W #113

City  
Maumee

State  
OH

Zip Code  
43537

Purpose of Disbursement  
Barbara Sears, STATE HOUSE 47th OH

011  
Category/  
Type

Candidate Name  
Sears, Barbara, , OH Rep.,

Office Sought:  House  
 Senate  
 President  
State: OH District: 47

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

FEC Identification Number

C

**Transaction ID : 36990384**

Amount of Each Disbursement this Period

750.00

Memo Item Barbara Sears, STATE HOUSE 47th OH

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

2000.00