

**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="2015"/>	<input type="text" value="225407.90"/>	<input type="text" value="225407.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="256933.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61341.49"/>	<input type="text" value="150932.17"/>
(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="318275.07"/>	<input type="text" value="376340.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="151575.02"/>	<input type="text" value="209640.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166700.05"/>	<input type="text" value="166700.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39670.47	94282.07
(ii) Unitemized	21671.02	56650.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61341.49	150932.17
(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)	61341.49	150932.17
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)).....▶	61341.49	150932.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61341.49	150932.17

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	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	146000.00	188500.00
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	75.02	540.02
(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)).....	75.02	540.02
29. Other Disbursements (Including Non-Federal Donations).....	5500.00	20500.00
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)) ..	151575.02	209640.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151575.02	209640.02

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61341.49	150932.17
34. Total Contribution Refunds (from Line 28(d))	75.02	540.02
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61266.47	150392.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. WEISS, KRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 13 / 2015
Transaction ID : 37924781
 Amount of Each Receipt this Period 50.00
 Memo Item

B. MALAT, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3.06

Date of Receipt 02 / 02 / 2015
Transaction ID : 37989561
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totalling \$25.02 This changes the YTD Total to \$3.06

C. WEISS, KRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 37989562
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 83
<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 ▼ 300.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159812837315
 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) PRES & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159814737315
 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159815937315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<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. SAURO, PATRICIA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Corporate Occupation (for Individual) SVP UnitedHlthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159816437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159816637315
 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159816937315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	776.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 83
<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. 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 ▼ 250.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR1159817437315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. QUIRK, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR1159819137315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 500.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR1159827437315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
<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. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1159830037315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WELTERS, ANTHONY, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1332013237315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1551133437315
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 83
<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. 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 ▼ 275.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1554323537315
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. ERICKSON, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1575957637315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1575958137315
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	648.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 83
	<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. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1575958537315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1580864737315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1580865337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUGHES, RICHARD J, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR1596304137315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP COO of Human Capital	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOHNSON, THAD C, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR1596304337315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Mkt Group Gen Counsel	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SCHUMACHER, DANIEL J, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR1596305437315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Mkt Group COO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 961.50		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 83
	<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. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1596306937315
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 550.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1596307037315
 Amount of Each Receipt this Period 220.00
 Memo Item
 P/R Deduction (\$110.00 Bi-Weekly)

C. ROSENTHAL, DANIEL I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1596317337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	508.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 83
	<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. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1596317437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1600598537315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1600598737315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	592.30
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 16 OF 83
<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. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1602669937315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1613243537315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. BELLAMY, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 288.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1653444337315
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	507.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. CORBIN, ELIZABETH DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Corporate Occupation (for Individual) VP Hlth Care Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1669432237315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1903550737315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. EDBERG, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1903578137315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	594.00
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 18 OF 83
<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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR1903622037315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119476737315
 Amount of Each Receipt this Period 270.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

C. 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 ▼ 769.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119477937315
 Amount of Each Receipt this Period 307.60
 Memo Item
 P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	777.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83
	<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. JONES, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119479237315
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

B. PITTMAN, AUSTIN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119486737315
 Amount of Each Receipt this Period 270.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

C. POLICH, CYNTHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strat Initiv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119486837315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	662.00
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 20 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 480.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2119492037315
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

B. MASON, JOHN TYLER, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2126373837315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2133132437315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	776.60
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 21 OF 83
	<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. 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 CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2133133237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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 ▼ 965.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2133133837315
 Amount of Each Receipt this Period 386.00
 Memo Item
 P/R Deduction (\$193.00 Bi-Weekly)

C. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Fin PIng Anlys
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2133134237315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	962.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
<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. 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 ▼ 965.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2145729937315
 Amount of Each Receipt this Period 386.00
 Memo Item
 P/R Deduction (\$193.00 Bi-Weekly)

B. 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 ▼ 250.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2145730237315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. SPIVACK, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2162867637315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	870.60
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 23 OF 83
<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. 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 ▼ 576.90

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2225166737315
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 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 ▼ 288.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2225813637315
 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 Acctng Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2225819337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	730.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 83
	<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. 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 ▼ 288.45

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2225819637315
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 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 ▼ 384.60

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2225819737315
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. 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 ▼ 400.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2231352337315
 Amount of Each Receipt this Period 160.00
 Memo Item
 P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	429.22
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 25 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2247625837315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 288.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2247626837315
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. O'BRIEN, DENNIS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2247627337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	507.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
<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. 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 ▼ 288.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2247627437315
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

B. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2247628037315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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) Mkt Group COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2259738437315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	501.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 83
<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. LOGAN, JAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2402318237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BECKER, JAMES H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2402445137315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. COLEMAN, JAMES C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Empl Rel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2402445237315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	776.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. LARSEN, JOHN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2402445637315
 Amount of Each Receipt this Period 386.00
 Memo Item
 P/R Deduction (\$193.00 Bi-Weekly)

B. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2405428837315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2405431137315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	964.60
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 29 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. KOZIARA BOUDREAU, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2437119537315
 Amount of Each Receipt this Period 384.62
 Memo Item
 P/R Deduction (\$192.31 Bi-Weekly)

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

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2437120737315
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2437121637315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	889.22
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 30 OF 83
<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. RAINEY, PETER W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2437127537315
 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 External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2439928037315
 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 Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2444265737315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 83
<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. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2445016437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. DUHAIME, MARK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2445016937315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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 ▼ 228.15

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2445017137315
 Amount of Each Receipt this Period 91.26
 Memo Item
 P/R Deduction (\$45.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	475.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 83
	<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. 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) VICE CHAIRMAN & CEO Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2460168137315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2460168237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. SCHICK, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2480620537315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
	<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. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2484542637315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. KUBICKI, JERI G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2486697837315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCMAHON, DIRK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP ENTRPRS OPS/TECH
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2491457037315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	776.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 83
<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. NATHAN, DONALD H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2491457337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SULLIVAN, KATHRYN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2491457337315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. 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) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2540175337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	963.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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) UHC International Services Inc Occupation (for Individual) External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2541300437315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2541300637315
 Amount of Each Receipt this Period 196.30
 Memo Item
 P/R Deduction (\$98.15 Bi-Weekly)

C. VERSAGGI, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.80

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2541300837315
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	488.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
	<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. RAMSAY, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR254254237315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 ▼ 961.50

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2552960237315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 480.75

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2552963237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	676.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 83
	<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. 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 ▼ 485.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2553475437315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. 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 ▼ 965.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2553475537315
 Amount of Each Receipt this Period 386.00
 Memo Item
 P/R Deduction (\$193.00 Bi-Weekly)

C. 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 ▼ 500.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2554013037315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 83
<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. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560064437315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 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 ▼ 965.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560064937315
 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 CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560065137315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	772.30
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 39 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560065437315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560065637315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560398837315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	580.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 83
<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. CRONIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2560821137315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. WALSH, JENNIFER F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564296837315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564297137315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	586.30
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 41 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. HANSEN, PAUL DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Controller Mkt Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564802737315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. MOQUIST, DARREN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.80

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564803437315
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

C. BERNS, 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564804037315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	580.32
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 527.30

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2564804337315
 Amount of Each Receipt this Period 210.92
 Memo Item
 P/R Deduction (\$105.46 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) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2568900537315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. FELDER, DIANE 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) Assc Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2572590837315
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$62.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	528.22
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 43 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. WIFFLER, THOMAS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2572992737315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. CIANFROCCO, HEATHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2574986237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575030937315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	580.30
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 83
	<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. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575034537315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LINDSAY, VIVIAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575054937315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575074537315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	769.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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) Optum360 Services Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575163537315
 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 ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575164437315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. MCGUIRE, 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) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575185437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	642.30
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 46 OF 83
<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. STORDAHL, PAUL 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 Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.15

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575213037315
 Amount of Each Receipt this Period 91.26
 Memo Item
 P/R Deduction (\$45.63 Bi-Weekly)

B. SHORS, MATTHEW MACKINNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575222337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. SEKEL, ANDREW C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Spclty Ntwk
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575223737315
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	437.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. BEAUREGARD, THOMAS RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575295137315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CUEVAS, BRANDON 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) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575305637315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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) United HealthCare Services Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575419837315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	776.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. HAMILTON, 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) United HealthCare Services Inc Occupation (for Individual) Assc Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575489437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 960.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575521737315
 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) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575522337315
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	826.30
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 49 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. MOCK, CURTIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575579237315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. WINSOR, ELIZABETH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575582837315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. CLARK, TERENCE 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575636937315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	586.30
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 50 OF 83
	<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. DAVIS, BENTON V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575639237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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 CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575654737315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575677237315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 83
	<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. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575683837315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. PROKOCKI, ELIZABETH SOBERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575705837315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575708837315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 578.60
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 52 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. MECKEY, SAMUEL 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) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575814537315
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 442.35

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575819837315
 Amount of Each Receipt this Period 176.94
 Memo Item
 P/R Deduction (\$88.47 Bi-Weekly)

C. KAUFMAN, PHILIP R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Ben Visn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575829837315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	569.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 83
	<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. GOLDEN, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575859337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575885037315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2575938437315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	770.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. SCHULTZ, STACY 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) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2575990937315
 Amount of Each Receipt this Period 365.00
 Memo Item
 P/R Deduction (\$365.00 Bi-Weekly)

B. LAUTH, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.67

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2575991137315
 Amount of Each Receipt this Period 7.92
 Memo Item
 P/R Deduction (\$3.96 Bi-Weekly)

C. ADAMS, GAYLE Q, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2576040337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	565.22
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 55 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576040437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. 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 ▼ 485.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576051637315
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. 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 ▼ 965.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576060037315
 Amount of Each Receipt this Period 386.00
 Memo Item
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	772.30
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 56 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. OHME, MARGARET A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576104037315
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576144837315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ELLIOTT III, THOMAS L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2576313337315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	676.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. KENIRY, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2577379337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2578740437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. CIAVOLA, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2578824337315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 83
	<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. COHEN, JAY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2578829637315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2595230937315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2601133537315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	961.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. SWANSON, AMY N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2601140737315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 576.90

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2605755637315
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. AUSTIN, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2605757437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. 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 ▼ 576.90

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2606842937315
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. MATECZUN, JOHN MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2606845137315
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ZIESMANN, THOMAS KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2015
Transaction ID : PR2606854437315
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	807.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ETTELSON, CHARLES DAVID, , ,		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East		Transaction ID : PR2606856137315
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Med Dir	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	P/R Deduction (\$365.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KENNEDY, SHELLEY L, , ,		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East		Transaction ID : PR2607803037315
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Service Acct 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 ▼ 250.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EPEL, JAMES W, , ,		Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East		Transaction ID : PR2612532537315
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Optum Exec	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 480.75	P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	657.30
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 62 OF 83
	<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. RIVERS, CARRIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.15

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2612533737315
 Amount of Each Receipt this Period 91.26
 Memo Item
 P/R Deduction (\$45.63 Bi-Weekly)

B. JOHNSON, MARK OWEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2617933937315
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

C. GARELLI, JOLENE 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) IT Proj Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.15

Date of Receipt **02 / 28 / 2015**
Transaction ID : PR2622559237315
 Amount of Each Receipt this Period 91.26
 Memo Item
 P/R Deduction (\$45.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	274.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 83
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JACOBY, PETER GROVES, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR2623707537315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP Govt Affs	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FULLER JESSEP, JENIFER JEAN, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR2624445437315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 115.38
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Govt Affs	P/R Deduction (\$57.69 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. VAN DER WALDE, LAMBERT, , ,			Date of Receipt MM / DD / YYYY 02 / 28 / 2015
Mailing Address 9900 Bren Road East			Transaction ID : PR2628332337315
City Minnetonka	State MN	Zip Code 55343-9664	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Gen Mgmt	P/R Deduction (\$208.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 208.00		

SUBTOTAL of Receipts This Page (optional).....▶	707.98
TOTAL This Period (last page this line number only).....▶	39670.47

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Building Relationships in Diverse Geographic Environments PAC (Bridge PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2015

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

FEC Identification Number

C	C00399196
---	-----------

Transaction ID : 37881542

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Contribution

011
Category/ Type

Candidate Name

Building Relationships in Diverse Geographic Environments PAC (Bridge PAC)

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2015

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

FEC Identification Number

C	C00042366
---	-----------

Transaction ID : 37881543

Amount of Each Disbursement this Period

15000.00

Memo Item Contribution

Contribution

011
Category/ Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2015

Mailing Address 192 Lexington Ave
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

FEC Identification Number

C	C00346312
---	-----------

Transaction ID : 37881544

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Contribution

011
Category/ Type

Candidate Name

Schumer, Charles, E., Sen.,

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

20000.00

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Graham For Congress

Mailing Address PO Box 310

City
Tallahassee

State
FL

Zip Code
32302

Purpose of Disbursement

Contribution

011

Candidate Name

Graham, Gwen, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	5

FEC Identification Number

C00543249

Transaction ID : 37881545

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address PO Box 492

City
Albuquerque

State
NM

Zip Code
87103

Purpose of Disbursement

Contribution

011

Candidate Name

LOBO PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	5

FEC Identification Number

C00497073

Transaction ID : 37881546

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

Contribution

011

Candidate Name

Price, Thomas, Edmunds, Rep., M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	5

FEC Identification Number

C00386755

Transaction ID : 37881547

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Contribution

011

Candidate Name

SHORE PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	9		2	0	1	5		

FEC Identification Number

C00410308

Transaction ID : 37882834

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. HellerHighWater PAC

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

Contribution

011

Candidate Name

HellerHighWater PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	1	5		

FEC Identification Number

C00471607

Transaction ID : 37900193

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement

Contribution

011

Candidate Name

Chaffetz, Jason, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	1	5		

FEC Identification Number

C00431684

Transaction ID : 37900196

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

1	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085-0760

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Issa, Darrell, E., Rep.,

Office Sought: House Senate President
State: CA District: 49

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900197

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. 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: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900198

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204-1362

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Walberg, Timothy, Lee, Rep.,

Office Sought: House Senate President
State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900199

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Ryan For Congress Inc

Mailing Address PO Box 1488

City
Janesville

State
WI

Zip Code
53547-1488

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Ryan, Paul, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

FEC Identification Number

C00330894

Transaction ID : 37900226

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Crapo, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

FEC Identification Number

C00330886

Transaction ID : 37900269

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Mike Crapo For Us Senate

Mailing Address P.O. Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Crapo, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

FEC Identification Number

C00330886

Transaction ID : 37900270

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Toomey, Patrick, Joseph, Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00461046

Transaction ID : 37900276

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement

Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00440032

Transaction ID : 37900278

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement

Contribution

011

Candidate Name

Portman, Rob, , Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00458463

Transaction ID : 37900322

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)..... ▶

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Blunt, Roy, , Sen.,

Office Sought: House Senate President
State: MO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900323

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Swalwell, Eric, Michael, Rep.,

Office Sought: House Senate President
State: CA District: 15

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900349

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 919 Congress Avenue, Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Alamo PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37900352

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

Contribution

011

Candidate Name

Bennet, Michael, , Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CO

District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00458398

Transaction ID : 37900354

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE, 2nd F

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00000935

Transaction ID : 37900397

Amount of Each Disbursement this Period

15000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Contribution

011

Candidate Name

Toomey, Patrick, Joseph, Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: PA

District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

FEC Identification Number

C00461046

Transaction ID : 37900400

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

18500.00

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pat Roberts For US Senate Inc

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement

Void - Pat Roberts For US Senate Inc; check dated 9/3/2013

011

Candidate Name

Roberts, Pat, , Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify) ▼

State: KS

District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

FEC Identification Number

C00128876

Transaction ID : 37929863

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Pat Roberts For US Senate Inc; check dated 9/3/2013

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 220 1/2 E Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Void - Bluegrass Committee; check dated 9/18/2013

011

Candidate Name

Bluegrass Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

FEC Identification Number

C00235655

Transaction ID : 37929864

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Bluegrass Committee; check dated 9/18/2013

Full Name (Last, First, Middle Initial)

C. Adam Smith for Congress

Mailing Address PO Box 578

City
Renton

State
WA

Zip Code
98057

Purpose of Disbursement

Void - Adam Smith for Congress; check dated 11/13/2013

011

Candidate Name

Smith, D. Adam, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify) ▼

State: WA

District: 09

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

FEC Identification Number

C00304709

Transaction ID : 37929866

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Adam Smith for Congress; check dated 11/13/2013

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
Void - Dave Camp For Congress; check dated 6/20/2012

Candidate Name
Camp, David, Lee, Rep.,

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

FEC Identification Number

C C00347476

Transaction ID : 37929868

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Dave Camp For Congress; check dated 6/20/2012

Full Name (Last, First, Middle Initial)

B. Pat Roberts For US Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
Void - Pat Roberts For US Senate Inc; check dated 8/28/2013

Candidate Name
Roberts, Pat, , Sen.,

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: KS District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

FEC Identification Number

C C00128876

Transaction ID : 37929869

Amount of Each Disbursement this Period

- 500.00

Memo Item Void - Pat Roberts For US Senate Inc; check dated 8/28/2013

Full Name (Last, First, Middle Initial)

C. The Freedom Project

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
The Freedom Project

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C C00305805

Transaction ID : 37932288

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road, Suite

City
West Chester

State
OH

Zip Code
45069-6628

Purpose of Disbursement

Contribution

011

Candidate Name

Boehner, John, Andrew, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	5

FEC Identification Number

C C00237198

Transaction ID : 37932289

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road, Suite

City
West Chester

State
OH

Zip Code
45069-6628

Purpose of Disbursement

Contribution

011

Candidate Name

Boehner, John, Andrew, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	5

FEC Identification Number

C C00237198

Transaction ID : 37932290

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City
Oshkosh

State
WI

Zip Code
54901

Purpose of Disbursement

Contribution

011

Candidate Name

Johnson, Ron, , Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	5

FEC Identification Number

C C00482984

Transaction ID : 37932291

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	1	0	0	0	0
---	---	---	---	---	---

--	--	--	--	--	--

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Scott Peters for Congress

Mailing Address PO Box 70980

City
Washington

State
DC

Zip Code
20024

Purpose of Disbursement

Contribution

011

Candidate Name

Peters, Scott, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: CA

District: 52

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00503110

Transaction ID : 37932292

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Republican Main Street Partnership PAC

Mailing Address c/o G&W

2201 Wisconsin Avenue NW, Suite 32

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement

Contribution

011

Candidate Name

Republican Main Street Partnership PAC

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00165159

Transaction ID : 37932293

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mia Love

Mailing Address PO Box 255

City
Riverton

State
UT

Zip Code
84065

Purpose of Disbursement

Contribution

011

Candidate Name

Love, Mia, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: UT

District: 04

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00505776

Transaction ID : 37932294

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234-0661

Purpose of Disbursement

Contribution

011

Candidate Name

Shimkus, John, M., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2015

FEC Identification Number

C C00258855

Transaction ID : 37932296

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City
Springfield

State
MO

Zip Code
65804

Purpose of Disbursement

Contribution

011

Candidate Name

Long, Billy, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2015

FEC Identification Number

C C00460063

Transaction ID : 37932297

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Johnson for Congress

Mailing Address PO Box 14496

City
Poland

State
OH

Zip Code
44514

Purpose of Disbursement

Contribution

011

Candidate Name

Johnson, William, Leslie, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2015

FEC Identification Number

C C00476820

Transaction ID : 37932298

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pioneer PAC

Mailing Address 10 West Broadway, Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Pioneer PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37932299

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Ave Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Schumer, Charles, E., Sen.,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37932300

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Mailing Address 4521 PGA Boulevard, #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Murphy, Patrick, , Rep.,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 37932301

Amount of Each Disbursement this Period

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Patrick Murphy

Mailing Address 4521 PGA Boulevard, #412

City
Palm Beach Gardens

State
FL

Zip Code
33418

Purpose of Disbursement

Contribution

011

Candidate Name

Murphy, Patrick, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	3		2	0	1	5		

FEC Identification Number

C C00493825

Transaction ID : 37932302

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Cheri Bustos

Mailing Address 1050 17th St NW, Ste 590

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Contribution

011

Candidate Name

Bustos, Cheri, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	3		2	0	1	5		

FEC Identification Number

C C00498568

Transaction ID : 37932305

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Freedom and Security PAC

Mailing Address 228 S Washington Street, Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Contribution

011

Candidate Name

Freedom and Security PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	3		2	0	1	5		

FEC Identification Number

C C00437061

Transaction ID : 37932308

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	0	0	0	0	0	0	0

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Dakota Prairie PAC

Mailing Address 600 Pennsylvania Ave SE
Ste 210

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Dakota Prairie PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00536607

Transaction ID : 37932309

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington Street, Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Citizens for Prosperity in America Today PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00491654

Transaction ID : 37932310

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Ann PAC

Mailing Address PO Box 3535

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

Contribution

011

Candidate Name

Ann PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

FEC Identification Number

C00531764

Transaction ID : 37932311

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. AX PAC

Mailing Address PO Box 538

City
Wausau

State
WI

Zip Code
54402

Purpose of Disbursement

Contribution

011

Candidate Name

AX PAC

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

FEC Identification Number

C C00506535

Transaction ID : 37932312

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Brad Ashford For Congress

Mailing Address PO Box 24023

City
Omaha

State
NE

Zip Code
68124

Purpose of Disbursement

Contribution

011

Candidate Name

Ashford, Brad, , Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: NE

District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

FEC Identification Number

C C00557181

Transaction ID : 37932313

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

146000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MALAT, MOLLY, , ,

Mailing Address 6125 CHASEWOOD PARKWAY #124

City
MINNETONKA

State
MN

Zip Code
55343-4376

Purpose of Disbursement
Refund of PAC contributions

010
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

FEC Identification Number

C

Transaction ID : 37866910

Amount of Each Disbursement this Period

25.02

Memo Item Refund of PAC contributions

Full Name (Last, First, Middle Initial)

B. WEISS, KRISTINA, , ,

Mailing Address 5231 1ST AVENUE

City
DULUTH

State
MN

Zip Code
55803-9469

Purpose of Disbursement
Refund of PAC contribution

010
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

FEC Identification Number

C

Transaction ID : 37929305

Amount of Each Disbursement this Period

50.00

Memo Item Refund of PAC contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

75.02

75.02

**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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Thom Tillis

Mailing Address PO Box 32186

City
Charlotte

State
NC

Zip Code
28232

Purpose of Disbursement

Void - Thom Tillis for House; check dated 11/17/2010

011

Candidate Name

Tillis, Thom, , NC Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

FEC Identification Number

C []

Transaction ID : 37929862

Amount of Each Disbursement this Period

[] - 500.00

Memo Item Void - Thom Tillis for House; check dated 11/17/2010

Full Name (Last, First, Middle Initial)

B. Committee to Elect Matt Lori State Representative

Mailing Address 14941 Roberts Shore Drive

City
Constantine

State
MI

Zip Code
49042

Purpose of Disbursement

Void - Committee to Elect Matt Lori State Representative; check dated

011

Candidate Name

Lori, Matthew, J., MI Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

FEC Identification Number

C []

Transaction ID : 37929865

Amount of Each Disbursement this Period

[] - 500.00

Memo Item Void - Committee to Elect Matt Lori State Representative; check dated 11/8/2013

Full Name (Last, First, Middle Initial)

C. Edgar V. Starnes Campaign

Mailing Address 6715 Lakeview Terrace

City
Hickory

State
NC

Zip Code
28601

Purpose of Disbursement

Void - Edgar V. Starnes Campaign; check dated 12/5/2013

011

Candidate Name

Starnes, Edgar, V., NC Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

FEC Identification Number

C []

Transaction ID : 37929867

Amount of Each Disbursement this Period

[] - 1000.00

Memo Item Void - Edgar V. Starnes Campaign; check dated 12/5/2013

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] - 2000.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Don White

Mailing Address PO Box 363

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

White, Donald, C., PA Sen.,

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

FEC Identification Number

C

Transaction ID : 37932286

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Republican Assembly Campaign Committee

Mailing Address PO Box 215

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

FEC Identification Number

C

Transaction ID : 37932287

Amount of Each Disbursement this Period

6000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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).....▶

7500.00

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

5500.00
