

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="220131.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="255026.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45493.36"/>	<input type="text" value="303388.81"/>
(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="300520.23"/>	<input type="text" value="523520.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82500.00"/>	<input type="text" value="305500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="218020.23"/>	<input type="text" value="218020.23"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37638.22	207699.28
(ii) Unitemized	7855.14	95689.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45493.36	303388.81
(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)	45493.36	303388.81
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))..... ▶	45493.36	303388.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45493.36	303388.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	305500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82500.00	305500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82500.00	305500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45493.36	303388.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45493.36	303388.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. ANTHONY J KAZLAUSKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARNIVAL TERRACE
 City WEST WARWICK State RI Zip Code 02893-1985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159794630398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. CARLA M MUGGIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 FAIR OAKS LANE
 City LONGBOAT KEY State FL Zip Code 34228-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Ntwk Contract Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159798230398
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City SENECA State SC Zip Code 29672-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159805530398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	118.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES S WATSON III
Full Name (Last, First, Middle Initial)

Mailing Address 6520 SHENANDOAH DR

City LINCORN State NE Zip Code 68510-5159

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

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159806030398

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901-3007

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159812830398

Amount of Each Receipt this Period **120.00**

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

C. DAVID S WICHMANN
Full Name (Last, First, Middle Initial)

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439-1708

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

Name of Employer United HealthCare Services Inc Occupation EVP Pres UHG Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159814730398

Amount of Each Receipt this Period **384.60**

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

SUBTOTAL of Receipts This Page (optional)..... **554.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK J ERLANDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 OLD LONG LAKE ROAD
 City WAYZATA State MN Zip Code 55391-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159815930398
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PATRICIA R SAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8943 HIDDEN MEADOW R
 City WOODBURY State MN Zip Code 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159816430398
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159816630398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 704.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159816930398
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159817430398
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1159817930398
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	678.60
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 10 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4307 BEECHWOOD LANE

City DALLAS State TX Zip Code 75220-1909

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159819130398

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 13016 CANTERBURY

City LEAWOOD State KS Zip Code 66209-1768

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.10**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159821530398

Amount of Each Receipt this Period **115.40**

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

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

Mailing Address PO BOX 72

City WAYZATA State MN Zip Code 55391-0072

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

Name of Employer United HealthCare Services Inc Occupation EVP Consumr Hlth Med Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1159827430398

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	415.40
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 11 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEANNINE M RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1159830030398
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. JACK E SHUFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 ASPEN LANE
 City State Zip Code
 COVINGTON LA 70433-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB RVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1159830530398
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JILL WINTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SPOEDE LN
 City State Zip Code
 SAINT LOUIS MO 63141-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1159840430398
 Amount of Each Receipt this Period
 108.00
 P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	570.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. ANTHONY WELTERS
Full Name (Last, First, Middle Initial)
Mailing Address 919 SAIGON ROAD

City MCLEAN	State VA	Zip Code 22102-2116
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1332013230398

Amount of Each Receipt this Period
192.30

P/R Deduction (\$0.00 Bi-Weekly)

B. ROBERT J BOHNENKAMP
Full Name (Last, First, Middle Initial)
Mailing Address 4925 WOODS COURT

City GREENWOOD	State MN	Zip Code 55331-9291
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1551005630398

Amount of Each Receipt this Period
78.00

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

C. MICHAEL J BRESOLIN
Full Name (Last, First, Middle Initial)
Mailing Address 121 W VIEW STREET

City LOMBARD	State IL	Zip Code 60148-1659
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Care Advocacy
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1551005730398

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	310.30
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 13 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1551132330398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1551133430398
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1551161330398
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 232.30
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 14 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. LOIS T WEIHRAUCH		Date of Receipt										
Mailing Address 10392 SHERMAN DRIVE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2013								
City State Zip Code EDEN PRAIRIE MN 55347-4452		Transaction ID : PR1551161430398										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00										
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$60.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00											

Full Name (Last, First, Middle Initial) B. JOHN O ENDERLE		Date of Receipt										
Mailing Address 31 ANDREIS TRAIL		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2013								
City State Zip Code SOUTH WINDSOR CT 06074-2142		Transaction ID : PR1554323530398										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00										
Name of Employer United HealthCare Services Inc	Occupation Regn Exec Dir	P/R Deduction (\$55.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00											

Full Name (Last, First, Middle Initial) C. MICHAEL RADU		Date of Receipt										
Mailing Address 42820 VIOLA CT		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2013								
City State Zip Code LEESBURG VA 20176-6847		Transaction ID : PR1554324530398										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00										
Name of Employer United HealthCare Services Inc	Occupation COO Collaborative Care	P/R Deduction (\$54.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00											

SUBTOTAL of Receipts This Page (optional).....▶	338.00
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 15 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CATHERINE E SPILLANE
Full Name (Last, First, Middle Initial)

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY	State TX	Zip Code 77459-4111
-----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1554324630398

Amount of Each Receipt this Period

38.46

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE	State MN	Zip Code 55372-1834
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Optum Exec
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1575957630398

Amount of Each Receipt this Period

384.60

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

C. ERNEST MONFILETTO
Full Name (Last, First, Middle Initial)

Mailing Address 3062 COMFORT ROAD

City NEW HOPE	State PA	Zip Code 18938-5622
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1575958130398

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 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 16 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424-1514

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

Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1575958530398

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405-2350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1580864730398

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424-1130

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1580865330398

Amount of Each Receipt this Period
384.60

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 17 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596304130398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596304330398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596304530398
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	630.76
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 18 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAY S MATUSHAK
Full Name (Last, First, Middle Initial)

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3749

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596304630398

Amount of Each Receipt this Period **78.00**

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

B. CAROL B MORNESS
Full Name (Last, First, Middle Initial)

Mailing Address 401 N 2ND ST UNIT 512

City MINNEAPOLIS State MN Zip Code 55401-1591

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596304930398

Amount of Each Receipt this Period **76.92**

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

C. DANIEL J SCHUMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 11582 RASPBERRY HILL ROAD

City EDEN PRAIRIE State MN Zip Code 55344-3268

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1495.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596305430398

Amount of Each Receipt this Period **230.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	384.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT E THEISEN
Full Name (Last, First, Middle Initial)

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356-9312

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR1596305630398

Amount of Each Receipt this Period
38.46

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

B. THOMAS D LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
TAMPA FL 33606-3614

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR1596306930398

Amount of Each Receipt this Period
76.92

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

C. ROBERT W OBERRENDER
Full Name (Last, First, Middle Initial)

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424-1158

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

Name of Employer Occupation
United HealthCare Services Inc SVP Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR1596307030398

Amount of Each Receipt this Period
220.00

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

SUBTOTAL of Receipts This Page (optional).....▶	335.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3318 FOXRIDGE CIRCLE

City TAMPA	State FL	Zip Code 33618-2149
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn Exec Dir
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1596309730398

Amount of Each Receipt this Period

88.00

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

B. STEVAN D GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 28115 BOULDER BRIDGE DRIVE

City EXCELSIOR	State MN	Zip Code 55331-7959
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Ops
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1596312930398

Amount of Each Receipt this Period

38.46

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

C. KURT A HEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 9825 GERALD DR

City SAINT LOUIS	State MO	Zip Code 63128-1767
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1596313730398

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	156.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JOHN H RENNICK JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 LAKEWOOD EDGE DRIVE
 City CHARLOTTE State NC Zip Code 28269-7705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596316830398
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. DANIEL I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596317330398
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1596317430398
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 226.92
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE State GA Zip Code 30024-8576

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596318430398

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003-1607

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596319030398

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105-5205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR1596319530398

Amount of Each Receipt this Period **38.46**

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

SUBTOTAL of Receipts This Page (optional).....▶	166.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MYRON R WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1596319630398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JOHN P DODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1600597330398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1600598530398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 318.00
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 24 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1600598730398
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City EXCELSIOR State MN Zip Code 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1602669930398
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1613243530398
 Amount of Each Receipt this Period
 192.30
 P/R Deduction (\$96.15 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 25 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013-1327

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1653443130398

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435-4150

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1653443230398

Amount of Each Receipt this Period 384.60

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416-4346

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

Name of Employer United HealthCare Services Inc Occupation SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1653444330398

Amount of Each Receipt this Period 115.40

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ALISTAIR D JACQUES
Full Name (Last, First, Middle Initial)
Mailing Address 645 OLD LONG LAKE ROAD

City WAYZATA	State MN	Zip Code 55391-9684
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1653445230398

Amount of Each Receipt this Period
384.60

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

B. ELIZABETH DARCI CORBIN
Full Name (Last, First, Middle Initial)
Mailing Address 7985 LEA CIRCLE

City BLOOMINGTON	State MN	Zip Code 55438-1286
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Hlth Care Initiv
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1669432230398

Amount of Each Receipt this Period
200.00

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

C. Mr. MILES S SNOWDEN
Full Name (Last, First, Middle Initial)
Mailing Address 3412 KNOLLWOOD DRIVE

City ATLANTA	State GA	Zip Code 30305-1020
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Chief Med Off
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1746717830398

Amount of Each Receipt this Period
384.60

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 27 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM TALAMANTES		Date of Receipt
Mailing Address 11618 ROLLING MEADOW DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
GREAT FALLS	VA	22066-1342
FEC ID number of contributing federal political committee.		Transaction ID : PR1806444730398
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
United HealthCare Services Inc	Six Sigma Cnslt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. PAUL M EMERSON		Date of Receipt
Mailing Address 18855 MEADOW VIEW BLVD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
PRIOR LAKE	MN	55372-3133
FEC ID number of contributing federal political committee.		Transaction ID : PR1806750330398
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.92"/>
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	Bus Segment CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) C. CATHERINE K ANDERSON		Date of Receipt
Mailing Address 37 W 2000 S		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
DRIGGS	ID	83422-4874
FEC ID number of contributing federal political committee.		Transaction ID : PR1903550730398
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="115.40"/>
Name of Employer	Occupation	P/R Deduction (\$57.70 Bi-Weekly)
United HealthCare Services Inc	VP Bus Dvlp	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.10"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KATHLEEN L BISHOP			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 Transaction ID : PR1903560830398
Mailing Address 145 COTTAGE RD			Amount of Each Receipt this Period 40.00
City ENFIELD	State CT	Zip Code 06082-2208	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. ROBERT J DUFEK			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 Transaction ID : PR1903577130398
Mailing Address 816 PROMONTORY PLACE			Amount of Each Receipt this Period 50.00
City EAGAN	State MN	Zip Code 55123-2297	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation VP IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. SUSAN B EDBERG			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 Transaction ID : PR1903578130398
Mailing Address 9727 WELLINGTON RIDGE			Amount of Each Receipt this Period 200.00
City WOODBURY	State MN	Zip Code 55125-9592	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer United HealthCare Services Inc	Occupation Bus Segment COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR1903591130398
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 20030 EXCELSIOR BLVD
 City State Zip Code
 EXCELSIOR MN 55331-8727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR1903622030398
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. PAUL D WEYMOUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 WRIGHTS MILL RD
 City State Zip Code
 COVENTRY CT 06238-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR1903636930398
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	316.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL State CA Zip Code 92677-5327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2119468030398

Amount of Each Receipt this Period
 40.00

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

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

Mailing Address 10 SHADOW GLEN

City IRVINE State CA Zip Code 92620-0204

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2119468130398

Amount of Each Receipt this Period
 384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City SAN DIEGO State CA Zip Code 92154-2537

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Mrkting Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2119469430398

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 474.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID S CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021-2958

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119470230398

Amount of Each Receipt this Period 40.00

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

B. LESLIE J CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648-6710

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119470330398

Amount of Each Receipt this Period 192.00

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

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

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720-2931

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119471830398

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 282.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 315 N 71ST ST

City SEATTLE State WA Zip Code 98103-5019

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2119472530398

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815-3023

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2119472630398

Amount of Each Receipt this Period
38.00

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115-9456

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2119475230398

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ► **118.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DAVID M HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE State CA Zip Code 92673-7044

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119476730398

Amount of Each Receipt this Period 270.00

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

B. SAMUEL W HO
Full Name (Last, First, Middle Initial)

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266-3059

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

Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.40

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119477930398

Amount of Each Receipt this Period 307.60

P/R Deduction (\$153.80 Bi-Weekly)

C. KEVIN D HOST
Full Name (Last, First, Middle Initial)

Mailing Address 14617 GRANT ST

City OVERLAND PARK State KS Zip Code 66221-2283

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

Name of Employer United HealthCare Services Inc Occupation VP Pharm Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2119478230398

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 617.60

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 35 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119485030398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. LYNDA A PAXSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 E GARNET PL
 City HIGHLANDS RANCH State CO Zip Code 80126-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Field Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119485830398
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. AUSTIN T PITTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 LOCH RIDGE DRIVE
 City GREENSBORO State NC Zip Code 27408-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Ntwks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119486730398
 Amount of Each Receipt this Period 270.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CYNTHIA L POLICH
 Mailing Address 3401 E VIA PALOMITA
 City State Zip Code
 TUCSON AZ 85718-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc M R Pres
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119486830398
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SHARON A RICCIUTI
 Mailing Address 55 PERENNIAL
 City State Zip Code
 IRVINE CA 92603-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clin Qlty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119487930398
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARILYNN D STYERS
 Mailing Address 6485 WAYFINDERS CT
 City State Zip Code
 CARLSBAD CA 92011-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2119490730398
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
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 37 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHERYL TANIGAWA MD
Full Name (Last, First, Middle Initial)

Mailing Address 5598 NAPLES CANAL

City State Zip Code
LONG BEACH CA 90803-4018

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

Name of Employer Occupation
United HealthCare Services Inc SVP Entrprs Hlth Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2119491130398

Amount of Each Receipt this Period
100.00

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

B. STEVEN M TUCKER
Full Name (Last, First, Middle Initial)

Mailing Address 12331 COUNTRY LANE

City State Zip Code
SANTA ANA CA 92705-3330

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

Name of Employer Occupation
United HealthCare Services Inc VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2119492030398

Amount of Each Receipt this Period
192.00

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130-7809

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2119492630398

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	372.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LINDA D DAUGHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 15442 NORTH 19TH WAY

City PHOENIX State AZ Zip Code 85022-3329

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

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2119493530398

Amount of Each Receipt this Period 40.00

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

B. GREGORY WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705-2649

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2119494130398

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 380 LEAF STREET

City ORONO State MN Zip Code 55356-9733

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2133132430398

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 290.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHARLES W HANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4133 WHITE OAK LN
 City EXCELSIOR State MN Zip Code 55331-5702
 Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133133130398
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 325.00

B. BROR O HULTGREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133133230398
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation Regn Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 499.98

C. ALLEN D MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 CRESCENT DRIVE
 City EDINA State MN Zip Code 55436-2530
 Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133133630398
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)
 FEC ID number of contributing federal political committee. C
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 455.00

SUBTOTAL of Receipts This Page (optional).....▶ 196.92
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SUSAN C MORISATO
Full Name (Last, First, Middle Initial)
Mailing Address 238 ARDMORE ROAD
City DES PLAINES State IL Zip Code 60016-2119
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133133830398
Amount of Each Receipt this Period 386.00
P/R Deduction (\$193.00 Bi-Weekly)

B. T JEFFREY PUTNAM
Full Name (Last, First, Middle Initial)
Mailing Address 303 ELMWOOD PLACE WEST
City MINNEAPOLIS State MN Zip Code 55419-1349
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133134230398
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. DIANE M SCHIMMELBUSCH
Full Name (Last, First, Middle Initial)
Mailing Address 2203 RIVER FALLS DRIVE
City KINGWOOD State TX Zip Code 77339-3124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2133134630398
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 41 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City WESTERVILLE State OH Zip Code 43082-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2145728430398
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. WAYNE MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19521 SIERRA SOTO RD
 City IRVINE State CA Zip Code 92603-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2145729230398
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MICHAEL P SCHWARZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 13935 WOODRIDGE PATH
 City SAVAGE State MN Zip Code 55378-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2145729730398
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 186.92
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345-5601

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2509.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2145729930398

Amount of Each Receipt this Period
386.00

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

Full Name (Last, First, Middle Initial)
B. MARGARET W WEAR

Mailing Address 44 TOPANGA

City State Zip Code
IRVINE CA 92602-2422

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

Name of Employer Occupation
United HealthCare Services Inc VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2145730230398

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
IRVINE CA 92603-0212

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

Name of Employer Occupation
United HealthCare Services Inc SVP Bus Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2162867630398

Amount of Each Receipt this Period
384.60

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: PAGE 43 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2225166730398
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2225167430398
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2225813630398
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 846.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481-2204

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2225818830398

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2225819330398

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2225819630398

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional)..... **501.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 276 COYOTE WILLOW DRIVE

City	State	Zip Code
COLORADO SPRINGS	CO	80921-7631

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Clnt Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2225819730398

Amount of Each Receipt this Period

153.84

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

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

Mailing Address 7533 PRAIRIE VIEW DR

City	State	Zip Code
INDIANAPOLIS	IN	46256-8408

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

Name of Employer	Occupation
Golden Rule Financial Corp.	Dir Ntwk Prgms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2231347230398

Amount of Each Receipt this Period

60.00

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

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

Mailing Address 10823 MOORS END CIRCLE

City	State	Zip Code
FISHERS	IN	46038-2612

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

Name of Employer	Occupation
Golden Rule Financial Corp.	Deputy Gen Counsel Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2231352330398

Amount of Each Receipt this Period

160.00

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

SUBTOTAL of Receipts This Page (optional).....▶	373.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247625830398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247626830398
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247627030398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 393.40
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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247627330398
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

B. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247627430398
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. SANJAY GARODIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 MIDDAUGH
 City CLARENDON HILLS State IL Zip Code 60514-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation COO IBS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2247627830398
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	307.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097-6621

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

Name of Employer Occupation
United HealthCare Services Inc Regn CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.96

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2247628030398

Amount of Each Receipt this Period
53.84

P/R Deduction (\$26.92 Bi-Weekly)

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

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1550

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

Name of Employer Occupation
United HealthCare Services Inc Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2259738430398

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 1001 CONGRESS SUITE 300

City State Zip Code
AUSTIN TX 78701-5002

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

Name of Employer Occupation
United HealthCare Services Inc Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2270522930398

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	324.76
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 49 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SIMON L STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55403-2906
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1413.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2364863230398

Amount of Each Receipt this Period
217.40

P/R Deduction (\$108.70 Bi-Weekly)

B. JEANNE M DE SA
Full Name (Last, First, Middle Initial)

Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008-3017
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402315930398

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN	State NC	Zip Code 27282-8717
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402317730398

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	357.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF 107 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. MARILYN LEVI-BAUMGARTEN
Full Name (Last, First, Middle Initial)

Mailing Address 4800 W 27TH ST

City SAINT LOUIS PARK	State MN	Zip Code 55416-1933
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402317930398

Amount of Each Receipt this Period
40.00

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

B. JAKE LOGAN
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX	State AZ	Zip Code 85018-2931
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402318230398

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 6321 MANATEE AVENUE WEST

City BRADENTON	State FL	Zip Code 34209-2372
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402318430398

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 51 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 3430 GALT OCEAN DRIVE
UNIT 1111

City State Zip Code
FORT LAUDERDALE FL 33308-7047

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

Name of Employer Occupation
United HealthCare Services Inc CEO Spclty Bens

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2402320030398

Amount of Each Receipt this Period
384.60

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

Full Name (Last, First, Middle Initial)
B. LORI SWEERE LILIENTHAL

Mailing Address 5701 S JOSH WYATT DR

City State Zip Code
SIOUX FALLS SD 57108-5225

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

Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2509.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2402320230398

Amount of Each Receipt this Period
386.00

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

Full Name (Last, First, Middle Initial)
C. SHELLEY WIKE CRANLEY

Mailing Address 3801 MAURICE COURT

City State Zip Code
LAS VEGAS NV 89108-5245

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

Name of Employer Occupation
United HealthCare Services Inc Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2402444430398

Amount of Each Receipt this Period
200.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401-8543

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

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2402445030398

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. JAMES H BECKER

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA State MN Zip Code 55391-1559

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2402445130398

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

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

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2402445230398

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	547.70
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:	PAGE 53 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2816 MONTREAUX DRIVE

City	State	Zip Code
FRISCO	TX	75034-1855

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **845.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402445330398

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

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

Mailing Address 11688 TANGLEWOOD DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2509.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402445630398

Amount of Each Receipt this Period

386.00

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

C. JOY O HIGA
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City	State	Zip Code
MANHATTAN BEACH	CA	90266-2809

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

Name of Employer	Occupation
United HealthCare Services Inc	Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2402446230398

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional).....▶	576.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SOHINI G JINDAL
Full Name (Last, First, Middle Initial)

Mailing Address 9300 IVY TREE LANE

City GREAT FALLS State VA Zip Code 22066-2206

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

Name of Employer Corporate Occupation Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2402446330398

Amount of Each Receipt this Period 200.00

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

B. RUSSELL C PETRELLA
Full Name (Last, First, Middle Initial)

Mailing Address 4612 MOORLAND AVENUE

City EDINA State MN Zip Code 55424-1159

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2402446430398

Amount of Each Receipt this Period 200.00

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

C. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-5234

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2405428830398

Amount of Each Receipt this Period 384.60

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 784.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. RODNEY CHARLES ARMSTEAD
Full Name (Last, First, Middle Initial)
Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD	State NJ	Zip Code 07631-2021
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2405430230398

Amount of Each Receipt this Period
80.00

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

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

City WAYZATA	State MN	Zip Code 55391-1548
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2405431130398

Amount of Each Receipt this Period
194.00

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

C. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)
Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK	State AZ	Zip Code 85340-4424
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2408544830398

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	314.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KATHLYN G WEE		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2408545030398
Mailing Address 4118 38TH ST NW		Amount of Each Receipt this Period 40.00
City WASHINGTON	State DC	Zip Code 20016-2218
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP State Sls OptumI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. GAIL KOZIARA BOUDREAUX		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2437119530398
Mailing Address 841 HOLDEN COURT		Amount of Each Receipt this Period 384.62
City LAKE FOREST	State IL	Zip Code 60045-4913
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation EVP Gr Pres UHC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03	

Full Name (Last, First, Middle Initial) C. JEFFREY SEAN CORZINE		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2437119730398
Mailing Address 7649 EARLINGTON PARKWAY		Amount of Each Receipt this Period 40.00
City DUBLIN	State OH	Zip Code 43017-3424
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	464.62
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 57 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JACK S WEISS
Full Name (Last, First, Middle Initial)

Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250-4621

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

Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2437120530398

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City BROOKLYN PARK State MN Zip Code 55443-1754

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2437120730398

Amount of Each Receipt this Period 120.00

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

C. KELLY L CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 13540 BIRCHWOOD AVENUE

City ROSEMOUNT State MN Zip Code 55068-3561

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2437121330398

Amount of Each Receipt this Period 76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	246.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2437121530398

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 1837 SUMMIT LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118-4137

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

Name of Employer Occupation
United HealthCare Services Inc Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2437121630398

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410-1857

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1495.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2437127530398

Amount of Each Receipt this Period
230.00

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

SUBTOTAL of Receipts This Page (optional).....	348.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROBIN E LIPPERT		Date of Receipt
Mailing Address 522 4 STREET SOUTH EAST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20003-4212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2439928030398
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Govt Rel	<input type="text" value="384.62"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.31 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.03"/>	

Full Name (Last, First, Middle Initial) B. STEPHEN M HEYMAN		Date of Receipt
Mailing Address 5300 SHERRILL AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
CHEVY CHASE	MD	20815-3720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2444265730398
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Govt Rel	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1300.00"/>	

Full Name (Last, First, Middle Initial) C. LORI C MCDUGAL		Date of Receipt
Mailing Address 19705 LAKEVIEW AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
EXCELSIOR	MN	55331-9351
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2445015330398
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	CEO UMVS	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2499.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="969.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DONALD S LANGER
Full Name (Last, First, Middle Initial)
Mailing Address 5110 OAK RAMBLING DRIVE

City KATY	State TX	Zip Code 77494-1971
--------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2445015430398

Amount of Each Receipt this Period

40.00

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

B. MARK J DUHAIME
Full Name (Last, First, Middle Initial)
Mailing Address 5781 RUBY DRIVE

City TROY	State MI	Zip Code 48085-3922
--------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2445016930398

Amount of Each Receipt this Period

78.00

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

C. EILEEN J LIVERANI
Full Name (Last, First, Middle Initial)
Mailing Address 100 BOSTOCK ROAD

City SHOKAN	State NY	Zip Code 12481-5400
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2460167230398

Amount of Each Receipt this Period

55.40

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

SUBTOTAL of Receipts This Page (optional).....▶	173.40
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 61 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DANIEL KRAJNOVICH		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2460167330398
Mailing Address 9958 BUTTOWNDOWN LANE		Amount of Each Receipt this Period 40.00
City ZIONSVILLE	State IN	Zip Code 46077-8135
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KARIN KEITEL		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2460167630398
Mailing Address 3918 HAVEN ROAD		Amount of Each Receipt this Period 100.00
City MINNETONKA	State MN	Zip Code 55345-2371
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Bus Segment Gen Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JELKA S PETROVIC		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2460168030398
Mailing Address 4454 PEPPER MILL LANE		Amount of Each Receipt this Period 40.00
City ORION	State MI	Zip Code 48359-2069
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. LARRY C RENFRO

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

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

Name of Employer United HealthCare Services Inc Occupation EVP UHG CEO Optum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2460168130398

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-2229

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

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2460168230398

Amount of Each Receipt this Period
77.00

P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324-3081

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2463723130398

Amount of Each Receipt this Period
64.00

P/R Deduction (\$32.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	525.60
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 63 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KAREN L WALKOWSKI
Full Name (Last, First, Middle Initial)
Mailing Address 6359 COUNTRY ROAD

City EDEN PRAIRIE	State MN	Zip Code 55346-1342
----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2463723430398

Amount of Each Receipt this Period

40.00

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

B. SUE SCHICK
Full Name (Last, First, Middle Initial)
Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD	State PA	Zip Code 19096-2511
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2480620530398

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

C. LILLIAN R HECKMAN
Full Name (Last, First, Middle Initial)
Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL	State PA	Zip Code 19422-1371
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2484542130398

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317-7661

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

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2484542630398

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255-3932

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2486697830398

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-5258

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2486697930398

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	258.00
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 65 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2491457030398

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO State IL Zip Code 60611-7435

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2491457530398

Amount of Each Receipt this Period 194.00

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

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

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302-2533

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.05

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2540175330398

Amount of Each Receipt this Period 307.70

P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 701.70

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: PAGE 66 OF 107 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201-4246
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2541300430398

Amount of Each Receipt this Period

100.00

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA	State VA	Zip Code 22302-3501
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2541300830398

Amount of Each Receipt this Period

192.32

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

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

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO	State CA	Zip Code 95819-1734
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2542024530398

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	392.32
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 68 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2542542330398

Amount of Each Receipt this Period **60.00**

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

B. CHANTA G COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2552313530398

Amount of Each Receipt this Period **76.92**

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

C. JEANNE M PACE
Full Name (Last, First, Middle Initial)

Mailing Address 458 MORENO ROAD

City WYNNEWOOD State PA Zip Code 19096-1124

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

Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2552313730398

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **214.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11700 ARBORHILL DRIVE
 City ZIONSVILLE State IN Zip Code 46077-9683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2552961330398
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2552962330398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2552962730398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	226.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code
 LARGO FL 33774-1009

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2552963230398

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
B. JARRETT T JEDLICKA

Mailing Address 554 SPRUCE ST

City State Zip Code
 EAGAN MN 55123-4914

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2552963330398

Amount of Each Receipt this Period
 80.00

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

Full Name (Last, First, Middle Initial)
C. NARASIMHAN KIDAMBI

Mailing Address 18477 85TH AVE N

City State Zip Code
 MAPLE GROVE MN 55311-1663

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Bus Anlys

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2552963830398

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 198.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. THOMAS D SCIUTO

Mailing Address 160 ACORN LANE

City State Zip Code
MILFORD CT 06461-1876

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

Name of Employer Occupation
United HealthCare Services Inc KA Dir Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2552966130398

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. BARRY R STREIT

Mailing Address 5421 KELLOGG AVENUE

City State Zip Code
EDINA MN 55424-1604

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

Name of Employer Occupation
United HealthCare Services Inc RVP Medicr Field Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2552966730398

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. MONICA L RAYBURN

Mailing Address 688 WEST SYCAMORE

City State Zip Code
VERNON HILLS IL 60061-1084

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

Name of Employer Occupation
United HealthCare Services Inc Dir Clms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2553475130398

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RICHARD D THOMAS
Full Name (Last, First, Middle Initial)
Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55419-1151
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2553475430398

Amount of Each Receipt this Period
194.00

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

B. DENEEN VOJTA
Full Name (Last, First, Middle Initial)
Mailing Address 5201 KELLOGG AVENUE

City EDINA	State MN	Zip Code 55424-1304
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiv Clin Aff
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2509.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2553475530398

Amount of Each Receipt this Period
386.00

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

C. KARSTEN S FLAGSTAD
Full Name (Last, First, Middle Initial)
Mailing Address 13420 JAY ST NW

City ANDOVER	State MN	Zip Code 55304-4015
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2554013030398

Amount of Each Receipt this Period
200.00

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 73 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560064430398
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. CRAIG W GAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5724 EAGLEMOUNT CIRCLE
 City LITHIA State FL Zip Code 33547-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560064730398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. DONALD J GIANCURSIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560064930398
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	658.00
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 74 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JERI L JONES
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2560065130398

Amount of Each Receipt this Period **78.00**

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

B. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2560065430398

Amount of Each Receipt this Period **194.00**

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

C. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

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

Name of Employer United HealthCare Services Inc Occupation SB VP SIs Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2560065530398

Amount of Each Receipt this Period **194.00**

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

SUBTOTAL of Receipts This Page (optional)..... **466.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073-3004

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560065630398

Amount of Each Receipt this Period 194.00

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

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

Mailing Address 2702 BIRCHMERE COURT

City KATY State TX Zip Code 77450-1303

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560066030398

Amount of Each Receipt this Period 78.00

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

C. TIMOTHY J NOEL
Full Name (Last, First, Middle Initial)

Mailing Address 4408 THOMAS AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55410-1968

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2560398830398

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 350.00

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 76 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAMES CRONIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 20700 DELTA DRIVE
 City State Zip Code
 GAITHERSBURG MD 20882-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2560821130398
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRIAN W LUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 464 EAST NORTH AVE
 City State Zip Code
 GRANTSBURG WI 54840-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mgr Tax
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2561457630398
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. LARRY W CAVANAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 NE 20TH ST # 1010
 City State Zip Code
 WILTON MANORS FL 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Spc Ben Govt Dntl Sls Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2563211030398
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	232.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KATHLEEN R CRAMPTON
Full Name (Last, First, Middle Initial)

Mailing Address 2335 SOUTH OCEAN BLVD B5

City PALM BEACH	State FL	Zip Code 33480-5368
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Plan Pres
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2563211130398

Amount of Each Receipt this Period
200.00

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

B. JENNIFER F WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON	State VA	Zip Code 22201-1614
-------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2564296830398

Amount of Each Receipt this Period
194.00

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

C. ARTHUR R MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA	State FL	Zip Code 33647-3515
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2564296930398

Amount of Each Receipt this Period
333.34

P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	727.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2564297130398
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2564297330398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City AUSTIN State TX Zip Code 78739-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2564297530398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	356.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CHRISTOPHER CHARLES CARLSON

Mailing Address 12801 OVERLOOK ROAD

City State Zip Code
 DAYTON MN 55327-9678

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2564802630398

Amount of Each Receipt this Period
 40.00

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

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

Mailing Address 18430 62ND PLACE NORTH

City State Zip Code
 MAPLE GROVE MN 55311-4585

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

Name of Employer Occupation
 United HealthCare Services Inc Controller Mkt Group

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1261.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2564802730398

Amount of Each Receipt this Period
 194.00

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

Full Name (Last, First, Middle Initial)
C. ELIZABETH D MORAN

Mailing Address 2231 BENT TREE LANE

City State Zip Code
 MENDOTA HEIGHTS MN 55120-2003

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1261.00

Date of Receipt
 06 / 30 / 2013
Transaction ID : PR2564803130398

Amount of Each Receipt this Period
 194.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 428.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KATHERINE L KENNY
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882-2301

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

Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2564803230398

Amount of Each Receipt this Period
 78.00

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

B. PAUL O MARDEN
Full Name (Last, First, Middle Initial)

Mailing Address 718 HICKORY HILL RD

City FRANKLIN LAKES State NJ Zip Code 07417-1707

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2564803330398

Amount of Each Receipt this Period
 78.00

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

C. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City BROOKEVILLE State MD Zip Code 20833-3265

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

Name of Employer United HealthCare Services Inc Occupation SB VP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : PR2564803930398

Amount of Each Receipt this Period
 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶ **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DEBRA J BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 2553 WASHBURN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416-4350
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Chief Complnc/Ethics Off
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2564804030398

Amount of Each Receipt this Period
194.00

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

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

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH	State MN	Zip Code 55441-5615
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Social Resp/Pres Found
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2564804330398

Amount of Each Receipt this Period
194.00

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

C. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD	State MO	Zip Code 63017-5029
----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR2564804530398

Amount of Each Receipt this Period
80.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WENDY D ARNONE
Full Name (Last, First, Middle Initial)

Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS State WI Zip Code 53051-8335

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2568900530398

Amount of Each Receipt this Period **100.00**

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

B. MATTHEW H STEARNS
Full Name (Last, First, Middle Initial)

Mailing Address 5131 MASSACHUSETTS AVENUE

City BETHESDA State MD Zip Code 20816-2739

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

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2571777930398

Amount of Each Receipt this Period **78.00**

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

C. BRUCE E MOYER
Full Name (Last, First, Middle Initial)

Mailing Address 18426 MAGENTA BAY

City EDEN PRAIRIE State MN Zip Code 55347-1051

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2571778330398

Amount of Each Receipt this Period **78.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RICHARD A ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 715 WOODSCAPE TRAIL

City ALPHARETTA	State GA	Zip Code 30022-3246
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2572588830398

Amount of Each Receipt this Period
78.00

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

B. JEFFREY P DEAN
Full Name (Last, First, Middle Initial)
Mailing Address W5912 DEAN ROAD

City TOMAHAWK	State WI	Zip Code 54487-8314
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2572589430398

Amount of Each Receipt this Period
80.00

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

C. KEVIN JAMES CARLSON
Full Name (Last, First, Middle Initial)
Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA	State MN	Zip Code 55424-1170
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Chief of Staff
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2572590030398

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	236.00
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 84 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. THERESA M CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16652 1/2 GRAND AVE
 City BELLFLOWER State CA Zip Code 90706-5038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2572591130398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City BOLINGBROOK State IL Zip Code 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Field Ops Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2572992730398
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MICHAEL J MCGINNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 MCINDOE ST
 City WAUSAU State WI Zip Code 54403-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2573519030398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1706 TALL OAKS

City WAUSAU State WI Zip Code 54403-8118

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

Name of Employer United HealthCare Services Inc Occupation TPA NA VP SIs AM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2573519130398

Amount of Each Receipt this Period **78.00**

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

B. JAMIE BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 4625 EWING AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55410-1745

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2574988230398

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 4117 BRYANT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55409-1423

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

Name of Employer United HealthCare Services Inc Occupation Dir Human Capital Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575030930398

Amount of Each Receipt this Period **194.00**

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

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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 86 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CARY J MCCARTY
Full Name (Last, First, Middle Initial)

Mailing Address 8800 RUMFIELD RD

City NORTH RICHLAND HILLS State TX Zip Code 76182-6131

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575059430398

Amount of Each Receipt this Period **78.00**

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

B. CHARLES JACOBY
Full Name (Last, First, Middle Initial)

Mailing Address 3315 IRVING AVE

City MINNEAPOLIS State MN Zip Code 55408-3321

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575099230398

Amount of Each Receipt this Period **32.00**

P/R Deduction (\$16.00 Bi-Weekly)

C. PHEBE M CHAMPION
Full Name (Last, First, Middle Initial)

Mailing Address 5124 WEDMORE CT

City NORTH LAS VEGAS State NV Zip Code 89031-0364

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

Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575108330398

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT G CASSANO
Full Name (Last, First, Middle Initial)

Mailing Address 8113 BANDOLEER CT

City LAS VEGAS State NV Zip Code 89131-4561

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

Name of Employer Health Plan of Nevada Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2575164430398

Amount of Each Receipt this Period
200.00

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

B. MICHAEL PATRICK STAMM
Full Name (Last, First, Middle Initial)

Mailing Address 6721 MOSSY GLEN DR

City FORT MYERS State FL Zip Code 33908-4771

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2575194630398

Amount of Each Receipt this Period
80.00

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

C. HOWARD CHARLES GILPIN JR
Full Name (Last, First, Middle Initial)

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL State PA Zip Code 19422-3481

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2575224930398

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	358.00
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 88 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN J ESSLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 4944 W 151ST TERRACE

City LEAWOOD State KS Zip Code 66224-9744

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

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575288930398

Amount of Each Receipt this Period **78.00**

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

B. DAVID W WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 2158 CARROLL AVENUE

City SAINT PAUL State MN Zip Code 55104-5042

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575312730398

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 3410 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-3262

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

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575326930398

Amount of Each Receipt this Period **78.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383-9163

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

Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575350930398

Amount of Each Receipt this Period **78.00**

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

B. JERI L LOSE
Full Name (Last, First, Middle Initial)

Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3524

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575419830398

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074-2957

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

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens Dntl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575522330398

Amount of Each Receipt this Period **250.00**

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **528.00**

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 90 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer: United HealthCare Services Inc Occupation: Dir Bus Process

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt: **06 / 30 / 2013**

Transaction ID : PR2575585630398

Amount of Each Receipt this Period: **78.00**

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

B. TERENCE M CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 8 COOPER AVENUE

City EDINA State MN Zip Code 55436-1315

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

Name of Employer: United HealthCare Services Inc Occupation: Bus Segment CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt: **06 / 30 / 2013**

Transaction ID : PR2575636930398

Amount of Each Receipt this Period: **194.00**

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

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

Mailing Address 445 CLARA #24

City SAINT LOUIS State MO Zip Code 63112-4507

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

Name of Employer: United HealthCare Services Inc Occupation: PS Dir Strat Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: **06 / 30 / 2013**

Transaction ID : PR2575646930398

Amount of Each Receipt this Period: **100.00**

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

SUBTOTAL of Receipts This Page (optional)..... **372.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

Name of Employer United HealthCare Services Inc Occupation M R Sls Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575651530398

Amount of Each Receipt this Period **78.00**

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

B. CARL E ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575669330398

Amount of Each Receipt this Period **78.00**

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

C. STEVEN CHARLES FELTON
Full Name (Last, First, Middle Initial)

Mailing Address 6837 29TH AVE NE

City SEATTLE State WA Zip Code 98115-7236

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

Name of Employer Optum Clinical Services INC Occupation Mgr Nurse Pract

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2013**

Transaction ID : PR2575701130398

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional)..... **196.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. CARLOS E ADAME

Mailing Address 42584 WHISTLE COURT

City State Zip Code
TEMECULA CA 92592-7105

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2575755430398

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. DARREL A FARKUS

Mailing Address 15 WHITE OAK DRIVE

City State Zip Code
ASBURY NJ 08802-1155

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

Name of Employer Occupation
United HealthCare Services Inc Dir Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2575797530398

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
C. LAURIE ERIN RUSSELL

Mailing Address 3108 SONIA DRIVE

City State Zip Code
LAS VEGAS NV 89107-3246

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

Name of Employer Occupation
United HealthCare Services Inc Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
06 / 30 / 2013

Transaction ID : PR2575812130398

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. EDWARD JOHN SKOPAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 JOEL DR
 City HEBRON State CT Zip Code 06248-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575842730398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. NYLE BRENT COTTINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6630 EMPIRE COURT
 City MAPLE GROVE State MN Zip Code 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Actging
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.07

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575865330398
 Amount of Each Receipt this Period 30.78
 P/R Deduction (\$15.39 Bi-Weekly)

C. PATRICK J LANGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 MEADOW LANE
 City BENSON State MN Zip Code 56215-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575885030398
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	302.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHAEL W MEDEIROS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 LANGMUIR DRIVE
 City MCKINNEY State TX Zip Code 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575930630398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MARC T SALINAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 ROCK RIDGE DRIVE
 City PROSPER State TX Zip Code 75078-9728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575967930398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE
 PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568-5659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575968930398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 17882 BEARPATH TRAIL

City EDEN PRAIRIE State MN Zip Code 55347-3448

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2575982830398

Amount of Each Receipt this Period 78.00

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

B. MARC R BRIGGS
Full Name (Last, First, Middle Initial)

Mailing Address 1608 RED TREE CT

City DRAPER State UT Zip Code 84020-7704

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2576001630398

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 2700 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2806

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

Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2576051630398

Amount of Each Receipt this Period 194.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 352.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN F REX
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2509.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2576060030398
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. CHANDRA LUE TORGERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 10TH AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55417-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2576128630398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. TERRI M JACQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10508 MORNING DROP AVE
 City LAS VEGAS State NV Zip Code 89129-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Assc Dir Preservice Review
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR2576132430398
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 542.00
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 97 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JOHN E FRIDNER
Full Name (Last, First, Middle Initial)

Mailing Address 782 PENFIELD DR

City CAROL STREAM State IL Zip Code 60188-4738

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

Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2576147530398

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207-1525

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2577379330398

Amount of Each Receipt this Period
194.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	37638.22

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Doug Collins

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2013

Transaction ID : 36138881

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Diane L. Black

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2013

Transaction ID : 36138886

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2013

Transaction ID : 36138887

Amount of Each Disbursement this Period

2000.00

Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36138888

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Begich

Category/
Type

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36138975

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ronald James Kind

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36139001

Amount of Each Disbursement this Period

5000.00

Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Jim Costa For Congress

Mailing Address 2037 W Bullard Avenue, #355

City State Zip Code
Fresno CA 93711-1200

Purpose of Disbursement
Contribution

Candidate Name

Rep. James Costa

Office Sought: House
 Senate
 President
State: CA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36139041

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 201 North Union Street, Suite 300

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Robert Warner

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36139043

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 201 North Union Street, Suite 300

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Robert Warner

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 36139047

Amount of Each Disbursement this Period

1000.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Cooper For Congress

Mailing Address c/o DGLF CPAS & Business Advisors
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James H.S. Cooper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	3

Transaction ID : 36139048

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

B. Bennet For Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Michael Bennet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	3

Transaction ID : 36139049

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road, Suite

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John A. Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	3

Transaction ID : 36165102

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

The Freedom Project

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36165103

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Re-Elect Tim Griffin For Congress Committee

Mailing Address PO Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Tim Griffin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

/ /

Transaction ID : 36165107

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

/ /

Transaction ID : 36165109

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2013

Transaction ID : 36165111

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2013

Transaction ID : 36165113

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171-2145

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2013

Transaction ID : 36165115

Amount of Each Disbursement this Period

2000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024-3750

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

/ /

Transaction ID : 36165116

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City State Zip Code
Lyndora PA 16045

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Mike Kelly

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 03

Date of Disbursement

/ /

Transaction ID : 36165118

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City State Zip Code
Wadsworth OH 44281-8701

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. James B. Renacci

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 16

Date of Disbursement

/ /

Transaction ID : 36165119

Amount of Each Disbursement this Period

Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Treasure State PAC

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
Contribution

011

Candidate Name

Treasure State 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	6		1	7		2	0	1	3

Transaction ID : 36165120

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

B. Capito For West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contribution

011

Candidate Name

Shelley Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

Transaction ID : 36195584

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers First PAC

Mailing Address PO Box 772

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Contribution

011

Candidate Name

Hoosiers First 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	6		2	7		2	0	1	3

Transaction ID : 36195589

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

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

1	0	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	5	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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address PO Box 479

City Glastonbury State CT Zip Code 06033-0479

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. Larson

Office Sought: House Senate President
State: CT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	3		

Transaction ID : 36195592

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

B. Ron Barber For Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ronald Barber

Office Sought: House Senate President
State: AZ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	3		

Transaction ID : 36195595

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Pete Gallego

Mailing Address PO Box 1781

City San Antonio State TX Zip Code 78296

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete Gallego

Office Sought: House Senate President
State: TX District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	3		

Transaction ID : 36195623

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

