

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UNITED HEALTH SERVICES PAC, INC.

ADDRESS (number and street) 211 EAST DOYLE STREET TOCCOA GA 30577

2. FEC IDENTIFICATION NUMBER C C00400135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2012 through 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Chris Downing

Signature of Treasurer Chris Downing [Electronically Filed] Date 10 11 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UNITED HEALTH SERVICES PAC, INC.

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="2012"/> | | 72009.95 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 79394.49 | |
| (c) Total Receipts (from Line 19) | 23357.06 | 64641.60 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 102751.55 | 136651.55 |
| 7. Total Disbursements (from Line 31)..... | 72000.00 | 105900.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 30751.55 | 30751.55 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UNITED HEALTH SERVICES PAC, INC.

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)..... | 21936.56 | 59646.60 |
| (ii) Unitemized | 1420.50 | 4995.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 23357.06 | 64641.60 |
| (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) | 23357.06 | 64641.60 |
| 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))..... ▶ | 23357.06 | 64641.60 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 23357.06 | 64641.60 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 72000.00 | 105500.00 |
| 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 | 400.00 |
| (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 | 400.00 |
| 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)) .. | 72000.00 | 105900.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 72000.00 | 105900.00 |

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) | 23357.06 | 64641.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 400.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23357.06 | 64241.60 |
| 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 23 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A. Kay Beckworth Adams
Full Name (Last, First, Middle Initial)
Mailing Address 279 Walden Pond Way
City Senoia State GA Zip Code 30276
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Hospice Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.4894
Amount of Each Receipt this Period **250.00**
\$50.00/bi-weekly

B. Tracy Adams
Full Name (Last, First, Middle Initial)
Mailing Address 4218 Dunham Park
City Flowery Branch State GA Zip Code 30542
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation VP of United Rehab
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1300.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4895
Amount of Each Receipt this Period **455.00**
\$65.00/bi-weekly

C. Laura Backus
Full Name (Last, First, Middle Initial)
Mailing Address 8520 Glen Lake Drive
City Cumming State GA Zip Code 30028
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Area Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1600.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4896
Amount of Each Receipt this Period **560.00**
\$80.00/bi-weekly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1265.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 23 |
| <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)
UNITED HEALTH SERVICES PAC, INC.

A. Lisa Royetta Burkhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 284 Carolina Farms Blvd.
 City Myrtle Beach State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Interim Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.4901
 Amount of Each Receipt this Period 560.00
 \$80.00/bi-weekly

B. Christina W Card
 Full Name (Last, First, Middle Initial)
 Mailing Address 704 Cowboy Trail
 City Ellijay State GA Zip Code 30540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.4902
 Amount of Each Receipt this Period 770.00
 \$110.00/bi-weekly

c. Julia P Compton
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Ayers Creek Drive
 City Toccoa State GA Zip Code 30577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation VP of Corporate Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.4906
 Amount of Each Receipt this Period 560.00
 \$80.00/bi-weekly

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1890.00 |
| 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 8 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)
A. Ann Damon

Mailing Address 972 Pecan Grove Place

City State Zip Code
Lawrenceville GA 30046

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

Name of Employer Occupation
UHS-Pruitt Corporation Exec. Director of Process Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
280.00

\$40.00/bi-weekly

Full Name (Last, First, Middle Initial)
B. Christopher Downing

Mailing Address 2405 Cardinal Way

City State Zip Code
Tucker GA 30084

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

Name of Employer Occupation
UHS-Pruitt Corporation VP of Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
1050.00

\$150.00/bi-weekly

Full Name (Last, First, Middle Initial)
C. David Dunbar

Mailing Address 2780 Abbottswell Drive

City State Zip Code
Alpharetta GA 30022

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

Name of Employer Occupation
UHS-Pruitt Corporation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.4910

Amount of Each Receipt this Period
1050.00

\$150.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2380.00

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 9 OF 23 |
| <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)
UNITED HEALTH SERVICES PAC, INC.

A. Anthony Eatherly
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Rose Walk Drive
 City Covington State GA Zip Code 30016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period **140.00**
 \$20.00/bi-weekly

B. Nicole Barton Frazier
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1022
 City Toccoa State GA Zip Code 30577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation VP of Community Improvements
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **880.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period **560.00**
 \$80.00/bi-weekly

C. Richard Gerhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 River Forest Drive
 City McDonough State GA Zip Code 30252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Sr. VP of Health Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2200.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4917
 Amount of Each Receipt this Period **770.00**
 \$110.00/bi-weekly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1470.00 |
| 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 10 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A. Suzanne Gerhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 River Forest Drive
 City Mcdonough State GA Zip Code 30252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Area Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.4918
 Amount of Each Receipt this Period 700.00
 \$100.00/bi-weekly

B. Debra Harwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Riverview Drive
 City Suwanee State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Sr VP Post Accut/Comm Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.4922
 Amount of Each Receipt this Period 770.00
 \$110.00/bi-weekly

C. Gary A Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Halliwell St
 City Charlotte State NC Zip Code 28262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Oaks at Town Center Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.4924
 Amount of Each Receipt this Period 200.00
 \$50.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶ 1670.00
TOTAL This Period (last page this line number only).....▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 23 |
| <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)
UNITED HEALTH SERVICES PAC, INC.

A. Kurt A Howe
Full Name (Last, First, Middle Initial)
Mailing Address 103 Leamington Way
City Irmo State SC Zip Code 29063
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4927
Amount of Each Receipt this Period **350.00**
\$50.00/bi-weekly

B. George T Hunt III
Full Name (Last, First, Middle Initial)
Mailing Address 737 Monticello Highway
City Gray State GA Zip Code 31032
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Chief HR Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3300.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4928
Amount of Each Receipt this Period **1155.00**
\$165.00/bi-weekly

C. Jeffrey Jursik
Full Name (Last, First, Middle Initial)
Mailing Address 4 Mimosa Avenue
City Moultrie State GA Zip Code 31768
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4929
Amount of Each Receipt this Period **140.00**
\$20.00/bi-weekly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1645.00 |
| 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 12 OF 23
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)
A. Steven Kenrick

Mailing Address 1890 Green Forest Drive

City North Augusta State SC Zip Code 29841

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

Name of Employer UHS-Pruitt Corporation Occupation Videographer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period **350.00**

\$50.00/bi-weekly

Full Name (Last, First, Middle Initial)
B. Daniel Martin

Mailing Address 4365 Dunmore Road

City Marietta State GA Zip Code 30068

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

Name of Employer UHS-Pruitt Corporation Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period **350.00**

\$50.00/bi-weekly

Full Name (Last, First, Middle Initial)
C. Jeri S McConnell

Mailing Address 480 Ledford Ln

City Copperhill State TN Zip Code 37317

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

Name of Employer United Home Care Occupation Regional Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **09 / 15 / 2012**

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period **360.00**

\$60.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **1060.00**

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 13 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)
A. Laura Louanne McCray Cutler

Mailing Address 5590 Commons Lane

City State Zip Code
Alpharetta GA 30004

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

Name of Employer Occupation
UHS-Pruitt Corporation Regional Director

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
 09 / 30 / 2012
Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
350.00

\$50.00/bi-weekly

Full Name (Last, First, Middle Initial)
B. Kevin Metz

Mailing Address 108 Royal Burgess Way

City State Zip Code
McDonough GA 30253

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

Name of Employer Occupation
UHS-Pruitt Corporation Sr. VP of Community Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
1225.00

\$175.00/bi-weekly

Full Name (Last, First, Middle Initial)
C. Melvin Moses

Mailing Address 684 Willoughby Way NE

City State Zip Code
Atlanta GA 30312

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

Name of Employer Occupation
UHS-Pruitt Corporation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
770.00

\$110.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2345.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 23 |
| | <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)
UNITED HEALTH SERVICES PAC, INC.

A. Lori Pearson
Full Name (Last, First, Middle Initial)

Mailing Address 1177 Annandale Drive

City State Zip Code
Clarksville GA 30523

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

Name of Employer Occupation
UHS-Pruitt Corporation Sr. VP of Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.4945

Amount of Each Receipt this Period
770.00

\$110.00/bi-weekly

B. Debra Pittman
Full Name (Last, First, Middle Initial)

Mailing Address 108 Woodstone Road NE

City State Zip Code
Milledgeville GA 31061

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

Name of Employer Occupation
UHS-Pruitt Corporation Dietitian Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.4946

Amount of Each Receipt this Period
420.00

\$60.00/bi-weekly

C. Nancy Pruitt
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 2367

City State Zip Code
Norcross GA 30093

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

Name of Employer Occupation
UHS-Pruitt Corporation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.4947

Amount of Each Receipt this Period
1400.00

\$200.00/bi-weekly

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2590.00 |
| 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 15 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)
A. Francine W Rainer

Mailing Address 6072 Tennyson Pkwy

City State Zip Code
Norcross GA 30092

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

Name of Employer Occupation
UHS-Pruitt Corporation Executive Director of Clinical Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
 09 / 30 / 2012
Transaction ID : SA11AI.4948

Amount of Each Receipt this Period

 420.00

\$60.00/bi-weekly

Full Name (Last, First, Middle Initial)
B. Johnnie Sheats

Mailing Address 2240 Woodbluff Way

City State Zip Code
Augusta GA 30909

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

Name of Employer Occupation
UHS-Pruitt Corporation Exec. Director of Prof. Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.00

Date of Receipt
 / /
 09 / 30 / 2012
Transaction ID : SA11AI.4952

Amount of Each Receipt this Period

 420.00

\$60.00/bi-weekly

Full Name (Last, First, Middle Initial)
C. Steven A Sheets

Mailing Address 3118 Rosemont Drive

City State Zip Code
Chattanooga TN 37411

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

Name of Employer Occupation
UHS-Pruitt Corporation Area Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1840.00

Date of Receipt
 / /
 09 / 30 / 2012
Transaction ID : SA11AI.4953

Amount of Each Receipt this Period

 770.00

\$110.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ► 1610.00

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 16 OF 23 |
| <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)
UNITED HEALTH SERVICES PAC, INC.

A. Juliette Simpson
Full Name (Last, First, Middle Initial)
Mailing Address 1144 Berne Street SE
City Atlanta State GA Zip Code 30316
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation VP of Hospice & Home Care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4954
Amount of Each Receipt this Period **350.00**
\$50.00/bi-weekly

B. Kerry Smith
Full Name (Last, First, Middle Initial)
Mailing Address 1460 Stag Horn Trail
City Nicholson State GA Zip Code 30565
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS-Pruitt Corporation Occupation Regional Director of Hospice
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4955
Amount of Each Receipt this Period **350.00**
\$50.00/bi-weekly

C. Karen T Soehner
Full Name (Last, First, Middle Initial)
Mailing Address 371 Old Timey Trail
City Moultrie State GA Zip Code 31788
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Healthcare Valdosta Occupation Administrator
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4956
Amount of Each Receipt this Period **1050.00**
\$150.00/bi-weekly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 17 OF 23 |
| | <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)
UNITED HEALTH SERVICES PAC, INC.

A. Charles O Templeton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3344 Bellmeade Drive
 City Valdosta State GA Zip Code 31605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **661.60**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4959
 Amount of Each Receipt this Period **231.56**
 \$33.08/bi-weekly

B. Sheila Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 East Main Street
 City Hahira State GA Zip Code 31632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Regional Director of SOURCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1680.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4963
 Amount of Each Receipt this Period **420.00**
 \$60.00/bi-weekly

C. Brian K Warwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2053 Bakers Ferry Rd
 City Elberton State GA Zip Code 30635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHS-Pruitt Corporation Occupation Area Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : SA11AI.4964
 Amount of Each Receipt this Period **560.00**
 \$80.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... **1211.56**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 18 OF 23
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

A. Nick Williams
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Parkridge Drive NE

City Atlanta State GA Zip Code 30319

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

Name of Employer UHS-Pruitt Corporation Occupation Sr. VP of Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2760.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period
1050.00

\$150.00/bi-weekly

B.
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

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).....▶ | 1050.00 |
| TOTAL This Period (last page this line number only).....▶ | 21936.56 |

**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)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)

A. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City State Zip Code
GAINESVILLE GA 30503

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DOUGLAS ALLEN COLLINS

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2012

Transaction ID : **SB23.4993**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 E MAIN STREET
SUITE 200

City State Zip Code
RICHMOND VA 23219

Purpose of Disbursement
Political Contribution

011

Candidate Name

EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : **SB23.4973**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GEORGIA FREEDOM PAC INC

Mailing Address 1170 PEACHTREE STREET NE SUITE 220

City State Zip Code
ATLANTA GA 30309

Purpose of Disbursement
Political Contributions

011

Candidate Name

GEORGIA FREEDOM PAC INC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : **SB23.4970**

Amount of Each Disbursement this Period

2500.00

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)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN LEWIS FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2012

Transaction ID : **SB23.4981**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political Contribution

011

Candidate Name

MAJORITY COMMITTEE PAC--MC PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : **SB23.4978**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROB WOODALL FOR CONGRESS

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE State GA Zip Code 30046

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ROB WOODALL

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2012

Transaction ID : **SB23.4990**

Amount of Each Disbursement this Period

2000.00

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

9500.00

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)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)

A. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ROMNEY FOR PRESIDENT INC.

Category/
Type

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : **SB23.4987**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

ROMNEY FOR PRESIDENT INC.

Category/
Type

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : **SB23.4988**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Political Contribution

011

Candidate Name

REPUBLICAN NATIONAL COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : **SB23.4999**

Amount of Each Disbursement this Period

10000.00

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

20000.00

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)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)

A. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Political Contributions

011

Candidate Name

IDAHO REPUBLICAN PARTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : SB23.5002

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Political Contributions

011

Candidate Name

MASSACHUSETTS REPUBLICAN PARTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : SB23.5004

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Political Contributions

011

Candidate Name

OKLAHOMA LEADERSHIP COUNCIL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : SB23.5006

Amount of Each Disbursement this Period

7500.00

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

22500.00

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)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial)

A. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
Political Contributions

011

Candidate Name
VERMONT REPUBLICAN FEDERAL ELECTIONS COMMITTEE

Category/
Type

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SB23.5008

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address 950 48TH AVENUE NORTH STE 200

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
TOM RICE

Category/
Type

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SB23.4994

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

12500.00

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

72000.00