

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
UNITED HEALTH SERVICES PAC, INC.

ADDRESS (number and street) 211 East Doyle Street
 Check if different than previously reported. (ACC)
Toccoa GA 30577

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Dowing
Signature of Treasurer Electronically Filed by Chris Dowing Date 12 17 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
UNITED HEALTH SERVICES PAC, INC.

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		37625.37
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	73174.41									
(c) Total Receipts (from Line 19)	29221.56	83415.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102395.97	121040.97								
7. Total Disbursements (from Line 31)	49100.00	67745.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53295.97	53295.97								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
UNITED HEALTH SERVICES PAC, INC.

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	27256.56	76573.12
(ii) Unitemized	1965.00	6842.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29221.56	83415.60
(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)	29221.56	83415.60
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 Transfer (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))	29221.56	83415.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29221.56	83415.60

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) Shared 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.....	49100.00	65500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	7245.00
(b) Political Party Committees	0.00	-5000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2245.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	49100.00	67745.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49100.00	67745.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

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)	29221.56	83415.60
34. Total Contribution Refunds (from Line 28(d))	0.00	2245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29221.56	81170.60
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 / 25
	<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.	Full Name (Last, First, Middle Initial) Tracy Adams		Date of Receipt
	Mailing Address 4218 Dunham Park		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Flowery Branch	GA	30542
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5141
Name of Employer UHS Pruitt Corporaton		Occupation ED of United Rehab COR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 455.00
			\$65/biweekly

B.	Full Name (Last, First, Middle Initial) Matthew Annis		Date of Receipt
	Mailing Address 211 Colonial Homes Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Atlanta	GA	30309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5134
Name of Employer UHS Pruitt Corporation		Occupation ED of Communications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 630.00
			\$90/biweekly

C.	Full Name (Last, First, Middle Initial) Suzanne Ashmore		Date of Receipt
	Mailing Address 8 Northridge Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Tallapoosa	GA	30176
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5203
Name of Employer UHS Pruitt Corporation		Occupation Ast VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 560.00
			\$80/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1645.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25
(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

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.

Full Name (Last, First, Middle Initial)
Laura Backus

Mailing Address 7069 Heardville Rd

City State Zip Code
Cummings GA 30028

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

Name of Employer Occupation
UHS Pruitt Corporation Ast VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5139

Amount of Each Receipt this Period
560.00

\$80/biweekly

B.

Full Name (Last, First, Middle Initial)
Jane Bailey

Mailing Address 119 Hickory Meadows Rd

City State Zip Code
Lexington SC 29072

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

Name of Employer Occupation
United Rehab. Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5142

Amount of Each Receipt this Period
560.00

\$80/biweekly

C.

Full Name (Last, First, Middle Initial)
Kay Beckworth

Mailing Address 459 Plaintiff Terrace

City State Zip Code
Peachtree City GA 30269

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

Name of Employer Occupation
UniHealth PAC-Fairburn Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5147

Amount of Each Receipt this Period
350.00

\$50/biweekly

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 8 / 25
(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

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.

<p>A. Full Name (Last, First, Middle Initial) Elizabeth Boyd</p> <p>Mailing Address 3533 Knollhaven Dr NE</p> <p>City State Zip Code Atlanta GA 30319</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UHS-Pruitt Corporation ED Marketing and Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5144</p> <p>Amount of Each Receipt this Period 350.00</p> <p>\$50/biweekly</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Chris Bryson</p> <p>Mailing Address 5719 Whitehall Walk</p> <p>City State Zip Code Dunwoody GA 30338</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UHS Pruitt Corporation Chief Operations Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5118</p> <p>Amount of Each Receipt this Period 1750.00</p> <p>\$250/biweekly</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Christie Card</p> <p>Mailing Address 704 Cowboy Trail</p> <p>City State Zip Code Ellijay GA 30540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UHS Pruitt Corporation Chief Clinical Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2200.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5129</p> <p>Amount of Each Receipt this Period 770.00</p> <p>\$110/biweekly</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Receipts This Page (optional)	2870.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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.

<p>A. Full Name (Last, First, Middle Initial) Cecil Clifton</p> <p>Mailing Address 115 Foxdale Drive</p> <p>City State Zip Code Toccoa GA 30577</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UHS Pruitt Corporation Sr VP of Legal Svcs</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5123</p> <p>Amount of Each Receipt this Period 1225.00</p> <p>\$175/biweekly</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Alton Collins</p> <p>Mailing Address 1320 North Dogwood Rd</p> <p>City State Zip Code Woodville GA 30669</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Unichoice Environmental Servc ED Environmental Svcs</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5157</p> <p>Amount of Each Receipt this Period 140.00</p> <p>\$20/biweekly</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C. Full Name (Last, First, Middle Initial) Julia Compton</p> <p>Mailing Address 130 Ayers Creek Drive</p> <p>City State Zip Code Toccoa GA 30577</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UHS Pruitt Corporation VP of Corp Svcs</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.5138</p> <p>Amount of Each Receipt this Period 560.00</p> <p>\$80/biweekly</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBTOTAL of Receipts This Page (optional)	1925.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Ann Damon		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 972 Pecan Grove Place		Transaction ID: SA11AI.5140
	City Lawrenceville	State GA	Zip Code 30045
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 560.00
	Name of Employer UHS Pruitt Corporation	Occupation ED of Oper-Peach Division	\$80/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1380.00	

B.	Full Name (Last, First, Middle Initial) Chris Downing		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2405 Cardinal Way		Transaction ID: SA11AI.5127
	City Tucker	State GA	Zip Code 30084
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 950.00
	Name of Employer UHS Pruitt Corporaton	Occupation VP Governmental Affairs	\$135.71/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2640.00	

C.	Full Name (Last, First, Middle Initial) David Dunbar		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2780 Abbottswell Drive		Transaction ID: SA11AI.5122
	City Alpharetta	State GA	Zip Code 30022
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer UHS Pruitt Corporation	Occupation Chief Compliance Officer	\$200/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2910.00
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 11 / 25
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.

Full Name (Last, First, Middle Initial)
Melanie Dupont

Mailing Address 831 Donner Court

City Douglasville State GA Zip Code 30134

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5137
 Amount of Each Receipt this Period 560.00
 \$80/weekly

B.

Full Name (Last, First, Middle Initial)
Anthony Eatherly

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 UniHealth PAC-Austell Occupation Austell

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5156
 Amount of Each Receipt this Period 140.00
 \$20/biweekly

C.

Full Name (Last, First, Middle Initial)
Nichole Frazier

Mailing Address P.O. Box 1022

City Toccoa State GA Zip Code 30577

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

Name of Employer Unichoice Environmental Servc Occupation ED of Community Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5155
 Amount of Each Receipt this Period 140.00
 \$20/biweekly

SUBTOTAL of Receipts This Page (optional) ► 840.00

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 12 / 25
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Ronald Fuqua		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 106 Cottage Grove		Transaction ID: SA11AI.5151		
	City Peactree City	State GA	Zip Code 30269	Amount of Each Receipt this Period 175.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer UHS Pruitt Corporaton	Occupation VP Human Resources	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Richard Gerhardt		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 401 River Forest Drive		Transaction ID: SA11AI.5131		
	City McDonough	State GA	Zip Code 30252	Amount of Each Receipt this Period 770.00	
	FEC ID number of contributing federal political committee. C		\$110/biweekly		
	Name of Employer UHS Pruitt Corporation	Occupation VP of Health Svcs	Aggregate Year-to-Date 2200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Debra Harwell		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3416 Avaglin Drive		Transaction ID: SA11AI.5133		
	City Gastonia	State NC	Zip Code 28056	Amount of Each Receipt this Period 700.00	
	FEC ID number of contributing federal political committee. C		\$100/biweekly		
	Name of Employer UHS Pruitt Corporation	Occupation Asst VP	Aggregate Year-to-Date 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: (check only one)	PAGE 13 / 25
	<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.	Full Name (Last, First, Middle Initial) Kurt Howe		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 185 Knotts Rd		Transaction ID: SA11AI.5158
	City Lexington	State SC	Zip Code 29073
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
	Name of Employer UPS-Lexington	Occupation Manager	\$20/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) George Hunt		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 737 Monticello Hwy		Transaction ID: SA11AI.5126
	City Gray	State GA	Zip Code 31032
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1155.00
	Name of Employer UHS Pruitt Corporation	Occupation SR VP HR	\$165/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3300.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey Jursik		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4 Mimosa Ave		Transaction ID: SA11AI.5152
	City Moultrie	State GA	Zip Code 31768
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
	Name of Employer Heritage HC of Moultrie	Occupation Administrator	\$20/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1435.00
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 14 / 25
(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

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.

Full Name (Last, First, Middle Initial)
Carolyn Leeder

Mailing Address 3195 Brasswood Cout Apt

City State Zip Code
Greenville NC 27834

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

Name of Employer Occupation
United Clinical Services, Inc NAT Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5153

Amount of Each Receipt this Period
140.00

\$20/biweekly

B.

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

Mailing Address 4356 Hampton Woods Drive

City State Zip Code
Marietta GA 30068

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

Name of Employer Occupation
UHS-Pruitt Corporation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period
350.00

\$50/biweekly

C.

Full Name (Last, First, Middle Initial)
Laura McCray

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
United Rehab, Inc Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5143

Amount of Each Receipt this Period
350.00

\$50/biweekly

SUBTOTAL of Receipts This Page (optional) ► **840.00**

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 / 25
	<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)
UNITED HEALTH SERVICES PAC, INC.

A.	Full Name (Last, First, Middle Initial) Kevin Metz	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 108 Royal Burgess Way	Transaction ID: SA11AI.5124
	City State Zip Code McDonough GA 30253	Amount of Each Receipt this Period 1120.00
	FEC ID number of contributing federal political committee. C	\$160/biweekly
Name of Employer UHS Pruitt Corporation	Occupation VP of Comm Svc -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

B.	Full Name (Last, First, Middle Initial) Melvin Moses	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 684 Willoughby Way NE	Transaction ID: SA11AI.5130
	City State Zip Code Atlanta GA 30312	Amount of Each Receipt this Period 770.00
	FEC ID number of contributing federal political committee. C	\$110/biweekly
Name of Employer UHS Pruitt Corporation	Occupation Asst VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

C.	Full Name (Last, First, Middle Initial) Neil Pruitt, Jr	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4275 Lakehaven Drive	Transaction ID: SA11AI.5120
	City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 1645.00
	FEC ID number of contributing federal political committee. C	235/biweekly
Name of Employer UHS Pruitt Corporation	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4700.00	

SUBTOTAL of Receipts This Page (optional)	3535.00
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 16 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Nancy Pruitt
Mailing Address 326 E. Doyle Stree
City Toccoa State GA Zip Code 30577
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation Senior VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5121
Amount of Each Receipt this Period 1400.00
\$200/biweekly

B. Full Name (Last, First, Middle Initial)
Johnnie Sheats
Mailing Address 2240 Woodbluff Way
City Augusta State GA Zip Code 30909
FEC ID number of contributing federal political committee. **C**
Name of Employer United Clinical Services, Inc. Occupation ED of Clinical Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5148
Amount of Each Receipt this Period 350.00
\$50/biweekly

C. Full Name (Last, First, Middle Initial)
Steven Sheats
Mailing Address 1910 Morris Hills Rd
City Chattanooga State TN Zip Code 37421
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation Asst VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5135
Amount of Each Receipt this Period 560.00
\$80/biweekly

SUBTOTAL of Receipts This Page (optional) ► 2310.00
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 17 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Juliette Simpson
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 AVP of Care Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5146
Amount of Each Receipt this Period 350.00
\$50/biweekly

B. Full Name (Last, First, Middle Initial)
Kerry Smith
Mailing Address 1460 Stag Horn Trail
City Atlanta State GA Zip Code 30565
FEC ID number of contributing federal political committee. **C**
Name of Employer UHS Pruitt Corporation Occupation Reg Director of Hospice
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5145
Amount of Each Receipt this Period 350.00
\$50/biweekly

C. Full Name (Last, First, Middle Initial)
Charles Templeton
Mailing Address 3344 Bellmeade Drive
City Valdosta State GA Zip Code 31605
FEC ID number of contributing federal political committee. **C**
Name of Employer HC of Parkwood Occupation Administrator
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 661.60
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5150
Amount of Each Receipt this Period 231.56
\$33.08/biweekly

SUBTOTAL of Receipts This Page (optional) ► 931.56
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 / 25
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial)
Walter Turner

Mailing Address 721 Taylor Street

City Nashville State GA Zip Code 31639

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

Name of Employer United Clinical Services, Inc. Occupation Clinical System Coord

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5154

Amount of Each Receipt this Period 140.00

\$20/biweekly

B.

Full Name (Last, First, Middle Initial)
Sheila Warren

Mailing Address 132 Imperial Drive

City Martin State GA Zip Code 30557

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

Name of Employer UHS Pruitt Corporation Occupation Reg Director of SOURCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5132

Amount of Each Receipt this Period 700.00

\$100/biweekly

C.

Full Name (Last, First, Middle Initial)
Brian Warwick

Mailing Address P.O. Box 391

City Elberton State GA Zip Code 30645

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

Name of Employer UHS Pruitt Corporation Occupation Asst VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5136

Amount of Each Receipt this Period 560.00

\$80/biweekly

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 19 / 25
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.

Full Name (Last, First, Middle Initial)
Lawrence Williams

Mailing Address P.O. Box 2438

City State Zip Code
Clarkesville GA 30523

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

Name of Employer Occupation
UHS Pruitt Corporation Sr VP of Dev & Plan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.5119
Amount of Each Receipt this Period: 1680.00
\$240/biweekly

B.

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

Mailing Address 2902 Parkridge Drive NE

City State Zip Code
Atlanta GA 30319

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

Name of Employer Occupation
UHS Pruitt Corporation ED of Program Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.5128
Amount of Each Receipt this Period: 770.00
\$110/biweekly

C.

Full Name (Last, First, Middle Initial)
Greg Wren

Mailing Address 5886 Sun Ridge Court

City State Zip Code
Clermont GA 30527

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

Name of Employer Occupation
UHS Pruitt Corporation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.5125
Amount of Each Receipt this Period: 1050.00
\$150/biweekly

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	27256.56

**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)

PAGE 20 / 25

<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

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.	Full Name (Last, First, Middle Initial) ALLIANCE FOR QUALITY NURSING HOME CARE INC. POLITLAL ACTION COMMITTEE (AQNH PAC)	Transaction ID: SB23.5063
	Mailing Address 1001 Pennsylvania Ave NW Suite 600 South	Date of Disbursement 09 / 29 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name ALLIANCE FOR QUALITY NURSING HOME CARE INC. POLITL-GAL ACTION COMMITTEE (AQNH PAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 5010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS INC	Transaction ID: SB23.5099
	Mailing Address PO Box 27750	Date of Disbursement 07 / 08 / 2010
	City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name JAMES AUSTIN SCOTT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS INC	Transaction ID: SB23.5110
	Mailing Address PO Box 27750	Date of Disbursement 09 / 28 / 2010
	City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name JAMES AUSTIN SCOTT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 21 / 25

<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

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.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER COMMITTEE	Transaction ID: SB23.5317 Date of Disbursement 08 / 04 / 2010	
	Mailing Address 631-B Pennsylvania Ave., SE Basement Unit		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER COMMITTEE	Transaction ID: SB23.5320 Date of Disbursement 09 / 29 / 2010	
	Mailing Address 631-B Pennsylvania Ave., SE Basement Unit		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.5054 Date of Disbursement 09 / 10 / 2010	
	Mailing Address 120 MARYLAND AVE NE		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Campaign Contribution	Category/ Type	
	Candidate Name DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

PAGE 22 / 25

<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

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.	Full Name (Last, First, Middle Initial) ERIC PAC	Transaction ID: SB23.5104 Date of Disbursement 07 / 16 / 2010
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Campaign Contribution Candidate Name ERC PAC Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC	Transaction ID: SB23.5056 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. BOX 10134	Amount of Each Disbursement this Period 2500.00
	City BAKERSFIELD State CA Zip Code 93389	
	Purpose of Disbursement Campaign Contribution Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE	Transaction ID: SB23.5107 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. BOX 1948	Amount of Each Disbursement this Period 1000.00
	City BOISE State ID Zip Code 83701	
	Purpose of Disbursement Campaign Contribution Candidate Name MICHAEL D CRAPO Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<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

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. Full Name (Last, First, Middle Initial)
MIKE KEOWN FOR CONGRESS

Mailing Address 1086 West Violet Avenue
PO Box 96

City Coolidge State GA Zip Code 31738

Purpose of Disbursement
Campaign Contribution

Candidate Name
MICHAEL (MIKE) HUEL KEOWN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 02

Transaction ID: SB23.5111
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5052
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5114
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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.

<p>A. Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE</p> <p>Mailing Address P.O. Box 1512</p> <p>City Athens State GA Zip Code 30601</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name PAUL COLLINS BROUN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5115 Date of Disbursement: 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE</p> <p>Mailing Address P.O. Box 39</p> <p>City Terrace Park State OH Zip Code 45174</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5038 Date of Disbursement: 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name THOMAS EDMUNDS PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5085 Date of Disbursement: 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

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.	Full Name (Last, First, Middle Initial) PROSPERITY PAC	Transaction ID: SB23.5041
	Mailing Address 1006 Pendleton Street	Date of Disbursement 08 / 04 / 2010
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.5043
	Mailing Address PO BOX 2012	Date of Disbursement 08 / 04 / 2010
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Campaign Contribution Candidate Name OLYMPIA J SNOWE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.5089
	Mailing Address 2720 JORDAN ROAD	Date of Disbursement 09 / 10 / 2010
	City OREFIELD State PA Zip Code 18069	Amount of Each Disbursement this Period 2600.00
	Purpose of Disbursement Campaign Contribution Candidate Name PATRICK JOSEPH TOOMEY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7100.00
TOTAL This Period (last page this line number only)	49100.00