

**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) 1626 JEURGENS COURT

 Check if different than previously reported. (ACC) NORCROSS GA 30093

2. **FEC IDENTIFICATION NUMBER ▼** C C00400135 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

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

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

(b) Monthly Report Due On:
 Feb 20 (M2) 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 M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

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 Christopher Downing

Signature of Treasurer Christopher Downing *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 01 / 28 / 2016

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="2015"/>	<input type="text" value="46712.43"/>	<input type="text" value="46712.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51270.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36765.18"/>	<input type="text" value="74323.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88035.72"/>	<input type="text" value="121035.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42205.21"/>	<input type="text" value="75205.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45830.51"/>	<input type="text" value="45830.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	35495.18	69930.21
(ii) Unitemized	1270.00	4393.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36765.18	74323.29
(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)	36765.18	74323.29
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))..... ▶	36765.18	74323.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36765.18	74323.29

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.....	41800.00	74800.00
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	405.21	405.21
(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)).....	405.21	405.21
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)) ..	42205.21	75205.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42205.21	75205.21

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)	36765.18	74323.29
34. Total Contribution Refunds (from Line 28(d))	405.21	405.21
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36359.97	73918.08
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: PAGE 6 OF 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.

Full Name (Last, First, Middle Initial)
A. Tracy Adams

Mailing Address 4218 Dunham Park

City State Zip Code
Flowery Branch GA 30542

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

Name of Employer Occupation
PruittHealth, Inc VP of PruittHealth Therapy Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6069

Amount of Each Receipt this Period
 1040.00
 \$80.00/bi-weekly

Full Name (Last, First, Middle Initial)
B. Frederick D Allen

Mailing Address 5701 Catskill Ct

City State Zip Code
Durham NC 27713

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

Name of Employer Occupation
PruittHealth, Inc Regional Admissions Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6071

Amount of Each Receipt this Period
 325.00
 \$25.00/bi-weekly

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

Mailing Address 8520 Glen Lake Drive

City State Zip Code
Cumming GA 30028

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

Name of Employer Occupation
PruittHealth, Inc Area Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6072

Amount of Each Receipt this Period
 1040.00
 \$80.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2405.00

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 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	

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

A. Harvey D Bates
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Breezeway Dr
 City Bakersville State NC Zip Code 28705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PruittHealth Home Health-Yance Regional Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6074
 Amount of Each Receipt this Period
 325.00
 \$25.00/bi-weekly

B. Ashley L Bejte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1295 Sandy Bottom Dr
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PruittHealth, Inc. Regional Admissions Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.6075
 Amount of Each Receipt this Period
 650.00
 \$50.00/bi-weekly

C. John D Bick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5909 Mount Water Trail
 City Buford State GA Zip Code 30518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PruittHealth, Inc VP of Care Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.6078
 Amount of Each Receipt this Period
 550.00
 \$50.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David McCarthy Boyd		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6080
Mailing Address 2292 Poplar Springs Dr NE		Amount of Each Receipt this Period 1040.00 \$80.00/bi-weekly
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Exec Director of Financial Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1830.00	

Full Name (Last, First, Middle Initial) B. Stewart Edward Bridges		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6081
Mailing Address PO Box 27628		Amount of Each Receipt this Period 130.00 \$10.00/bi-weekly
City Macon	State GA	Zip Code 30024
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Financial Internal Auditor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Jodie B Carter		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6084
Mailing Address 279 Breckinridge Ct		Amount of Each Receipt this Period 130.00 \$10.00/bi-weekly
City Lexington	State NC	Zip Code 27292
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth Consulting Svcs	Occupation Regional Transition Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 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

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

A. 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 PruittHealth, Inc Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6087
 Amount of Each Receipt this Period 960.00
 \$80.00/bi-weekly

B. Ann Damon
 Full Name (Last, First, Middle Initial)
 Mailing Address 972 Pecan Grove Place
 City Lawrenceville State GA Zip Code 30046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PruittHealth, Inc Occupation Area VP of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6089
 Amount of Each Receipt this Period 1040.00
 \$80.00/bi-weekly

C. Sally Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 665
 City Rockwell State NC Zip Code 28138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PruittHealth Veteran Services Occupation Administrator HCC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6090
 Amount of Each Receipt this Period 130.00
 \$10.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	2130.00
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 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
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NAME OF COMMITTEE (In Full)
UNITED HEALTH SERVICES PAC, INC.

Full Name (Last, First, Middle Initial) A. Samantha N Dawkins		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6091
Mailing Address 860 Peachtree St NE		Amount of Each Receipt this Period 430.00 \$25.00/bi-weekly
City Atlanta	State GA	Zip Code 30308
FEC ID number of contributing federal political committee.	C	
Name of Employer PruittHealth, Inc	Occupation VP of Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) B. Christopher Downing		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6093
Mailing Address 2405 Cardinal Way		Amount of Each Receipt this Period 1950.00 \$150.00/bi-weekly
City Tucker	State GA	Zip Code 30084
FEC ID number of contributing federal political committee.	C	
Name of Employer PruittHealth, Inc	Occupation VP of Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3900.00	

Full Name (Last, First, Middle Initial) C. David Dunbar		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6094
Mailing Address 2780 Abbottswell Drive		Amount of Each Receipt this Period 130.00 \$10.00/bi-weekly
City Alpharetta	State GA	Zip Code 30022
FEC ID number of contributing federal political committee.	C	
Name of Employer PruittHealth, Inc	Occupation Sr Executive Assistant to CHRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	2510.00
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 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	

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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 PruittHealth, Inc Occupation Area Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6097

Amount of Each Receipt this Period
1300.00

\$100.00/bi-weekly

B. Tammy Hannah
Full Name (Last, First, Middle Initial)

Mailing Address 12704 Cardinal Point Rd

City Charlotte State NC Zip Code 28269

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

Name of Employer PruittHealth - Town Center Occupation Administrator HCC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6100

Amount of Each Receipt this Period
130.00

\$10.00/bi-weekly

C. Thomas E Hanzel
Full Name (Last, First, Middle Initial)

Mailing Address 67 Middlecrest Way

City Clayton State NC Zip Code 27527

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

Name of Employer PruittHealth Pharmacy Services Occupation AVP of Coastal COR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1560.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6101

Amount of Each Receipt this Period
780.00

\$60.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2210.00

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 OF 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	

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

Full Name (Last, First, Middle Initial) A. Debra Harwell		Date of Receipt
Mailing Address 837 Lakeglen Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Suwanee	GA	30024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6103
Name of Employer	Occupation	Amount of Each Receipt this Period
PruittHealth, Inc	Area Vice President	<input type="text" value="1950.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$150.00/bi-weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roxanne Hollingsworth		Date of Receipt
Mailing Address 533 Oakdale Church Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fairmont	NC	28340
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6105
Name of Employer	Occupation	Amount of Each Receipt this Period
PruittHealth Consulting Svcs	Dir of Clinical Reimbursement	<input type="text" value="130.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$10.00/bi-weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Delicia H Horton		Date of Receipt
Mailing Address 908 Silent Retreat		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Knightdale	NC	27545
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6106
Name of Employer	Occupation	Amount of Each Receipt this Period
PruittHealth, Inc	Reg HC Tech Specialist	<input type="text" value="325.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$25.00/bi-weekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2405.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 PruittHealth, Inc Occupation Senior VP of Culture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3945.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6107
 Amount of Each Receipt this Period 1800.00
 \$50.00/bi-weekly

B. 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 PruittHealth - Magnolia Manor Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6109
 Amount of Each Receipt this Period 325.00
 \$25.00/bi-weekly

C. Steven Kenrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 West Martintown Rd
 City North Augusta State SC Zip Code 29841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PruittHealth, Inc Occupation Videographer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.6110
 Amount of Each Receipt this Period 415.00
 \$5.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	2540.00
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 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

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

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

Mailing Address 4365 Dunmore Road

City Marietta	State GA	Zip Code 30068
------------------	-------------	-------------------

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

Name of Employer PruittHealth, Inc	Occupation CIO
---------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.6112

Amount of Each Receipt this Period
1040.00

\$80.00/bi-weekly

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

Mailing Address 5590 Commons Lane

City Alpharetta	State GA	Zip Code 30004
--------------------	-------------	-------------------

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

Name of Employer PruittHealth Therapy Services	Occupation Regional Director
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.6113

Amount of Each Receipt this Period
650.00

\$50.00/bi-weekly

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

Mailing Address 108 Royal Burgess Way

City McDonough	State GA	Zip Code 30253
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FEC ID number of contributing federal political committee. **C**

Name of Employer PruittHealth, Inc	Occupation Sr VP of Community Service
---------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period
2600.00

\$200.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶	4290.00
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 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

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

Full Name (Last, First, Middle Initial) A. Shelia Diana Moody		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.6115
Mailing Address 527 Johnson Street		Amount of Each Receipt this Period 260.00 \$20.00/bi-weekly
City Roanoke	State AL	Zip Code 36274
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation DHS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Melvin Moses		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11Al.6116
Mailing Address 684 Willoughby Way NE		Amount of Each Receipt this Period 1430.00 \$110.00/bi-weekly
City Atlanta	State GA	Zip Code 30312
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2860.00	

Full Name (Last, First, Middle Initial) C. Lori Pearson		Date of Receipt 07 / 02 / 2015 Transaction ID : SA11Al.6117
Mailing Address 1177 Annandale Drive		Amount of Each Receipt this Period 220.00 \$110.00/bi-weekly
City Clarksville	State GA	Zip Code 30523
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Sr. VP of Legal Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	1910.00
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 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nancy Pruitt		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6119
Mailing Address P. O. Box 2367		Amount of Each Receipt this Period 2600.00 \$200.00/bi-weekly
City Norcross	State GA	Zip Code 30093
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5200.00	

Full Name (Last, First, Middle Initial) B. Neil L Pruitt		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6118
Mailing Address 1626 Jeurgens Ct		Amount of Each Receipt this Period 2500.18 \$192.31/bi-weekly
City Norcross	State GA	Zip Code 30093
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5005.21	

Full Name (Last, First, Middle Initial) C. Sarah D Ralston		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6120
Mailing Address 1442 Dresden Dr #254		Amount of Each Receipt this Period 325.00 \$25.00/bi-weekly
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		
Name of Employer PruittHealth, Inc	Occupation Director of Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional).....▶	5425.18
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 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

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

A. Linda Reece
Full Name (Last, First, Middle Initial)

Mailing Address 245 Heritage Farm Ln

City Dobson State NC Zip Code 27017

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

Name of Employer Occupation
PruittHealth - Elkin Administrator HCC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6122

Amount of Each Receipt this Period
1040.00
\$80.00/bi-weekly

B. Annette Salisbury
Full Name (Last, First, Middle Initial)

Mailing Address 2485 Glyncastle Way

City Gastonia State NC Zip Code 28056

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

Name of Employer Occupation
PruittHealth Consulting Svcs VP of HCC Clinical Services USC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1255.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6123

Amount of Each Receipt this Period
650.00
\$50.00/bi-weekly

C. Tracy C Scott
Full Name (Last, First, Middle Initial)

Mailing Address 85 Hunter Drive

City Talking Rock State GA Zip Code 30175

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

Name of Employer Occupation
PruittHealth, Inc Transition Team Regional Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
10 / 08 / 2015
Transaction ID : SA11AI.6124

Amount of Each Receipt this Period
135.00
\$15.00/bi-weekly

SUBTOTAL of Receipts This Page (optional).....▶ 1825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Steven A Sheets		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.6126
Mailing Address 310 Barbados Lane		Amount of Each Receipt this Period 325.00 \$25.00/bi-weekly
City Suwanee	State GA	Zip Code 30024
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1135.00	
Name of Employer PruittHealth - Palmyra	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Juliette Simpson		Date of Receipt 10 / 08 / 2015 Transaction ID : SA11AI.6127
Mailing Address 133 Stonewall Place		Amount of Each Receipt this Period 1395.00 \$155.00/bi-weekly
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3405.00	
Name of Employer PruittHealth, Inc	Occupation Sr VP of Care Integ & Vitality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pamela S Smith		Date of Receipt 07 / 02 / 2015 Transaction ID : SA11AI.6130
Mailing Address 312 Hillantrae Ln		Amount of Each Receipt this Period 50.00 \$25.00/bi-weekly
City Apex	State NC	Zip Code 27502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 350.00	
Name of Employer PruittHealth Pharm Svcs Durham	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1770.00
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 19 OF 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	

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

A. 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 Occupation
PruittHealth, Inc Area Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6135

Amount of Each Receipt this Period
1040.00
\$80.00/bi-weekly

B. Kathryn West
Full Name (Last, First, Middle Initial)

Mailing Address 302 Causby Ln

City Hendersonville State NC Zip Code 28791

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

Name of Employer Occupation
PruittHealth Veteran Svcs Administrator HCC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6136

Amount of Each Receipt this Period
130.00
\$10.00/bi-weekly

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

Mailing Address 2790 N Thompson Rd

City Atlanta State GA Zip Code 30319

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

Name of Employer Occupation
PruittHealth, Inc Care Integration Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3900.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.6138

Amount of Each Receipt this Period
1950.00
\$150.00/bi-weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 3120.00

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

A. Kimberly Wolfe
Full Name (Last, First, Middle Initial)
Mailing Address 417 Big Sam Circle
City Loganville State GA Zip Code 30052
FEC ID number of contributing federal political committee. **C**
Name of Employer PruittHealth Consulting Svcs Occupation Clinical Reimbursement Consultant RN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : SA11AI.6139
Amount of Each Receipt this Period
130.00
\$10.00/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).....▶	130.00
TOTAL This Period (last page this line number only).....▶	35495.18

**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. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN A BOEHNER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB23.6046**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN A BOEHNER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB23.6141**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

EARL LEROY CARTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB23.6048**

Amount of Each Disbursement this Period

2000.00

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)

<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 GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

DOUGLAS ALLEN COLLINS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB23.6052**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEB HENSARLING

Mailing Address PO BOX 820504

City DALLAS State TX Zip Code 75382

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JAMES E. CLYBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : **SB23.6067**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN HARDY ISAKSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB23.6050**

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. HOEVEN FOR SENATE

Mailing Address PO BOX 861

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JOHN HOEVEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : **SB23.6061**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

RICHARD L. JR. HUDSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : **SB23.6064**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

JERRY MORAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : **SB23.6054**

Amount of Each Disbursement this Period

1500.00

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)

<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. OPPORTUNITY AND RESPONSIBILITY RESTORED IN OUR NATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2015

Mailing Address PO BOX 3986

Transaction ID : SB23.6055

City WASHINGTON State DC Zip Code 20027

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
PAC Contribution

012
Category/ Type

Candidate Name
OPPORTUNITY AND RESPONSIBILITY RESTORED IN OUR NATION PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

Mailing Address P.O. BOX 425

Transaction ID : SB23.6047

City ROSWELL State GA Zip Code 30077

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: GA District: 06

Full Name (Last, First, Middle Initial)

C. RICHARD BURR COMMITTEE; THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2015

Mailing Address 1824 Mt Paran Road

Transaction ID : SB23.6053

City Atlanta State GA Zip Code 30327

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

Candidate Name
RICHARD BURR

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. RICHARD BURR COMMITTEE; THE		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 1824 Mt Paran Road		Transaction ID : SB23.6140
City Atlanta	State GA	
Zip Code 30327	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 200.00
Candidate Name RICHARD BURR	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 00		

Full Name (Last, First, Middle Initial) B. SHELBY FOR U S SENATE		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address PO BOX 1091		Transaction ID : SB23.6058
City TUSCALOOSA	State AL	
Zip Code 35403	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1500.00
Candidate Name RICHARD C SHELBY	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 00		

Full Name (Last, First, Middle Initial) C. WESTMORELAND FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address P.O. BOX 458		Transaction ID : SB23.6045
City SHARPSBURG	State GA	
Zip Code 30277	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 2600.00
Candidate Name LYNN A. WESTMORELAND	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 03		

SUBTOTAL of Disbursements This Page (optional).....▶	4300.00
TOTAL This Period (last page this line number only).....▶	41800.00