

**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.

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 Amount of Each Disbursement this Period 200.00
City Atlanta	State GA	
Zip Code 30327		
Purpose of Disbursement Campaign Contribution	Category/Type 011	
Candidate Name RICHARD BURR	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC	District: 00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 Amount of Each Disbursement this Period 1500.00
City TUSCALOOSA	State AL	
Zip Code 35403		
Purpose of Disbursement Campaign Contribution	Category/Type 011	
Candidate Name RICHARD C SHELBY	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: AL	District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 Amount of Each Disbursement this Period 2600.00
City SHARPSBURG	State GA	
Zip Code 30277		
Purpose of Disbursement Campaign Contribution	Category/Type 011	
Candidate Name LYNN A. WESTMORELAND	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: GA	District: 03	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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