



ROSS MILLER
 Secretary of State
 Elections Division
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 SECRETARY OF STATE
 ELECTIONS DIVISIONS
 #2392

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- New Registration PAC (Advocating Passage or Defeat of a Ballot Question)
- Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
- Amended Registration: Change Officers Change Registered Agent Change Address
 check all that apply
- Change Name Previous Name of PAC
- Other:

Name of Committee: Telephone:
 UnitedHealth Group Incorporated PAC (United for Health) 202-654-9928

Mailing Address:
 9900 Bren Road East Minnetonka, MN, 55343 MN 55343
 Street Name, Number City State Zip Code

PURPOSE: Briefly state the purpose for which the PAC was organized.

The PAC will support qualified state and local candidates and other political committees supporting policies that help people live healthier lives and make the health system work better for everyone

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent: Telephone:
 Erin Russell 702-242-7156

Physical Address:
 2724 North Tenaya Way Las Vegas NV 89128
 Street Name, Number City State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

Erin Russell

 Signature of Registered Agent

Date:
 1-13-15



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Susan Sherwood Treasurer Telephone: 202-654-9928
Mailing Address: 701 Pennsylvania Ave NW, Suite 200 Washington DC 20004
 Street Name, Number City State Zip Code

Officer Name and Title: Peter Jacoby Chairman Telephone: 202-654-9928
Mailing Address: 701 Pennsylvania Ave NW, Suite 200 Washington DC 20004
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
Mailing Address:
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:
Mailing Address:
 Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: UnitedHealth Group Incorporated Telephone: 202-654-9928
Mailing Address: 9900 Bren Road East Minnetonka MN 55453
 Street Name, Number City State Zip Code

Name of Organization: Telephone:
Mailing Address:
 Street Name, Number City State Zip Code

Name of Organization: Telephone:
Mailing Address:
 Street Name, Number City State Zip Code

SUBMITTED BY:

Susan Sherwood Printed Name: Susan Sherwood Date: 1/12/15 Telephone: 202-654-9928
 Signature of Representative of Group