

UHGI



ROSS MILLER  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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OCT - 9 2014  
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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: check all that apply
  - Change Officers
  - Change Registered Agent
  - Change Address
  - Change Name Previous Name of PAC
  - Other:

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

Mailing Address: 9900 Bren Road East Street Name, Number Minnetonka, MN, 55343 City MN 55343 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: Erin Russell Telephone: 702-242-7156

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

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

Signature of Registered Agent

Date: 10-7-14



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 Page 2

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

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Susan Sherwood Treasurer 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: \_\_\_\_\_  
 Peter Jacoby Chairman 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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 UnitedHealth Group Incorporated 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:**

**X** *Susan Sherwood*  
 Signature of Representative of Group

Printed Name: SUSAN SHERWOOD

Date: 10/1/2014

Telephone: 202-654-9928