

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**
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

ADDRESS (number and street) 701 Pennsylvania Ave, NW
Suite 200
Washington DC 20004
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00274431 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [05] / [01] / [2018] through [05] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Sherwood, Susan, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Sherwood, Susan, , ,* [Electronically Filed] Date [06] / [20] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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="2018"/>		621080.35
(b) Cash on Hand at Beginning of Reporting Period.....	910920.19	
(c) Total Receipts (from Line 19)	175633.26	744023.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1086553.45	1365103.43
7. Total Disbursements (from Line 31).....	289000.00	567549.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	797553.45	797553.45
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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2018 To: M M / D D / Y Y Y Y 05 / 31 / 2018

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).....	161817.82	625582.89
(ii) Unitemized	13815.44	112809.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	175633.26	738392.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2080.83
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	175633.26	740473.08
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1050.00
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)).....▶	175633.26	744023.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	175633.26	744023.08

DETAILED SUMMARY PAGE

of Disbursements

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.....	67000.00	336000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	549.98
(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)).....	0.00	549.98
29. Other Disbursements (Including Non-Federal Donations).....	222000.00	231000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	289000.00	567549.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	289000.00	567549.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	175633.26	740473.08
34. Total Contribution Refunds (from Line 28(d))	0.00	549.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175633.26	739923.10
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 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PUMPHREY, KIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 2ND ST NE #609
 City MINNEAPOLIS State MN Zip Code 55413-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 03 / 2018
Transaction ID : 42202738
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. PONS, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12970 EAST CIBOLA ROAD
 City SCOTTSDALE State AZ Zip Code 85259-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 03 / 2018
Transaction ID : 42202740
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. HEROMAN, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13645 GLENCLIFF WAY
 City SAN DIEGO State CA Zip Code 92130-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 24 / 2018
Transaction ID : 42227694
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
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 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SODERBERG, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4725 FOREST CIRCLE
 City MINNETONKA State MN Zip Code 55345-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2018
Transaction ID : 42304322
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. PAIDOSH, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3227 EDWARD ST NE
 City MINNEAPOLIS State MN Zip Code 55418-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2018
Transaction ID : 42304323
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. WAYLAND, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7615 SWEETBRIAR RD
 City RICHMOND State VA Zip Code 23229-6619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2018
Transaction ID : 42304324
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9500.00
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 8 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GAUDIO, JOSEPH G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4842 E MOUNTAIN VIEW RD
 City PARADISE VALLEY State AZ Zip Code 85253-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159811850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WICHMANN, DAVID S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 ANTRIM ROAD
 City EDINA State MN Zip Code 55439-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159814750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MEAD, BRUCE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1232 GRAY BRANCH RD
 City MCKINNEY State TX Zip Code 75071-6495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159816150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PENSHORN, JOHN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159816950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KALLMEYER, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 904.75

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159817450331
 Amount of Each Receipt this Period 261.90
 Memo Item
 P/R Deduction (\$130.95 Bi-Weekly)

C. QUIRK, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6458 ORCHID LANE
 City DALLAS State TX Zip Code 75230-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Care Initiv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159819150331
 Amount of Each Receipt this Period 32.30
 Memo Item
 P/R Deduction (\$16.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	678.80
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 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MIGLIORI, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 72
 City WAYZATA State MN Zip Code 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, UHG Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159827450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RIVET, JEANNINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1159830050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MATTEO, MICHAEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1551133450331
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
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 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CARR, ANTHONY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 THOROUGHbred LN
 City SOUTHWEST RANCHES State FL Zip Code 33330-2411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP PEOs Trusts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1554323450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MILLER, KATHERINE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 HARBOR LAKE DRIVE
 City ORANGE PARK State FL Zip Code 32003-7799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1554324350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ANDERSON, CRAIG C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1575957350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ERICKSON, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1575957650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MONFILETTO, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1575958150331
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. VALENTA, LEE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5033 PARK TERRACE
 City EDINA State MN Zip Code 55436-1098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1575958550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	923.04
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 OF 238
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KELLY, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 PLEASANT AVENUE
 City SAINT PAUL State MN Zip Code 55102-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1575959750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WEBB, ROBERT THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1580865350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HUGHES, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 COUNTY ROAD 44
 City MINNETRISTA State MN Zip Code 55364-9572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1378.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596304150331
 Amount of Each Receipt this Period 452.00
 Memo Item
 P/R Deduction (\$226.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1221.20
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 238
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JOHNSON, THAD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 GLACIER BAY
 City EDEN PRAIRIE State MN Zip Code 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596304350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHUMACHER, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Pres & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596305450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. THEISEN, SCOTT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596305650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. OBERRENDER, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treas & Chief Invstmnt Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596307050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FLYNN, DIANE BEDNAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 FOXRIDGE CIRCLE
 City TAMPA State FL Zip Code 33618-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596309750331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. DAVIDSON, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 HARBOUR TOWN CIR
 City WESTERVILLE State OH Zip Code 43082-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596311650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.20
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 16 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DUNLOP, RICHARD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2964 WYSE COURT
 City LEWIS CENTER State OH Zip Code 43035-8253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596312350331
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. GARCIA, STEVAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1375 GRAYHAWK PLACE
 City LARKSPUR State CO Zip Code 80118-8623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596312950331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. HEUMANN, KURT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9825 GERALD DR
 City SAINT LOUIS State MO Zip Code 63128-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596313750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	276.92
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 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MALLATT, KATHLEEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 SOUTH 167 AVENUE
 City OMAHA State NE Zip Code 68135-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596315450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ROSENTHAL, DANIEL I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 VIA HERMOSA
 City ORINDA State CA Zip Code 94563-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596317350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RUTH, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596317450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STURKEY, DAVID C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1941 MARINA ROAD
 City IRMO State SC Zip Code 29063-8579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596318450331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. TODD, JEFFREY ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1596319050331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. DODDY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 WALSINGHAM ROAD
 City MENDHAM State NJ Zip Code 07945-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1600597350331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	206.00
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 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MICHAUX, MICHAEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1600598550331
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. SANDY, LEWIS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1600598750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETERSON, MATTHEW W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 FOX STREET
 City ORONO State MN Zip Code 55356-8316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1602669950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	969.20
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 20 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MALONEY, JEFFREY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6327 PASADENA POINT BLVD S
 City GULFPORT State FL Zip Code 33707-3867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1613243550331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. CELLI, PAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 COUNTRY CLUB DR
 City CUTCHOGUE State NY Zip Code 11935-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1613243750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BELLAMY, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2743 THOMAS AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55416-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1653444350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
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 21 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SULLIVAN, DANIEL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 QUORN HUNT ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1653445850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. EMERSON, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1806750350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ANDERSON, CATHERINE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1903550750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 22 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DUFEK, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1903577150331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. JOHNSON, CHRISTOPHER T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12880 53RD STREET NORTH
 City STILLWATER State MN Zip Code 55082-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1903591150331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. SANTELLI, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25510 BIRCH BLUFF ROAD
 City EXCELSIOR State MN Zip Code 55331-8520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR1903622050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	512.60
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 23 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WEYMOUTH, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 WRIGHTS MILL RD
 City COVENTRY State CT Zip Code 06238-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.84

Date of Receipt 05 / 31 / 2018
Transaction ID : PR1903636950331
 Amount of Each Receipt this Period 538.00
 Memo Item
 P/R Deduction (\$269.00 Bi-Weekly)

B. BRYAN, KATHIE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mktg Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119469450331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. HANSEN, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 VIA CONOCIDO
 City SAN CLEMENTE State CA Zip Code 92673-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119476750331
 Amount of Each Receipt this Period 270.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	858.00
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 24 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HO, SAMUEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4220 OCEAN DR
 City MANHATTAN BEACH State CA Zip Code 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119477950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NEURURER, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23822 VIA MONTE
 City COTO DE CAZA State CA Zip Code 92679-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119484950331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. PAXSON, LYNDA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3924 E GARNET PL
 City HIGHLANDS RANCH State CO Zip Code 80126-5044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Sr Field Acct Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119485850331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	626.90
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 25 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PITTMAN, AUSTIN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 EDINA BLVD
 City EDINA State MN Zip Code 55424-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119486750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. TUCKER, STEVEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 8TH AVENUE
 City SAN DIEGO State CA Zip Code 92103-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119492050331
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

C. VANASTEN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N2249 NICOLE COURT
 City KAUKAUNA State WI Zip Code 54130-9462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Telesls Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119492650331
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	656.60
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 26 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 STRAND TERRACE
 City SANTA ANA State CA Zip Code 92705-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2119494150331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. MASON, JOHN TYLER, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 N CRESCENT HEIGHTS BLVD
 City LOS ANGELES State CA Zip Code 90048-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2126373850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BURKE, FORREST G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 LEAF STREET
 City ORONO State MN Zip Code 55356-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2133132450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	819.20
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 27 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HULTGREN, BROR O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2133133250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MORISATO, SUSAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 238 ARDMORE ROAD
 City DES PLAINES State IL Zip Code 60016-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2133133850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2133134250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 28 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FALKENBERG, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 LANTANA
 City NEWPORT COAST State CA Zip Code 92657-1646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1129.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2145728450331
 Amount of Each Receipt this Period 233.84
 Memo Item
 P/R Deduction (\$116.92 Bi-Weekly)

B. SMITH, DANNETTE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 ALDEN DRIVE
 City EDINA State MN Zip Code 55416-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2145729950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LEWIS, KURT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 391.86

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2203967550331
 Amount of Each Receipt this Period 299.54
 Memo Item
 P/R Deduction (\$288.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	917.98
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 29 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GIBSON, CHRISTINE W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2225166750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2225813650331
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. MCGUIRE, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 DRURY LANE
 City WYCKOFF State NJ Zip Code 07481-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2225818850331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
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 30 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RYAN, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 WESTMORELAND LN
 City NAPERVILLE State IL Zip Code 60540-5817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2225819650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SAILOR, ROY THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 276 COYOTE WILLOW DRIVE
 City COLORADO SPRINGS State CO Zip Code 80921-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2225819750331
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. CONNLY, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247625850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	923.04
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 31 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CARCIONE JR, JOSEPH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247626850331
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

B. KANTOLA, KEVIN DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247627050331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. O'BRIEN, DENNIS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247627350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	578.00
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 32 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. VERNEY, JEFFERY RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 WESTLEDGE ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247627450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. GARODIA, SANJAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 COVINGTON COURT
 City OAK BROOK State IL Zip Code 60523-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247627850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. OHMAN, DANIEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 RIVERMERE WAY
 City ATLANTA State GA Zip Code 30350-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2247628050331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.82
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 33 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PRINCE, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 546 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2259738450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CRONN, CHRISTOPHER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 COLORADO STREET SUITE 2399
 City AUSTIN State TX Zip Code 78701-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2270522950331
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. LOGAN, JAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402318250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	884.58
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 34 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BARRINGER, PAUL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3709 WILLIAMS LANE
 City CHEVY CHASE State MD Zip Code 20815-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402444350331
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. CRANLEY, SHELLEY WIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 MAURICE COURT
 City LAS VEGAS State NV Zip Code 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402444450331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. BECKER, JAMES H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 378 FERNDAL ROAD WEST
 City WAYZATA State MN Zip Code 55391-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402445150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	526.90
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 35 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. COLEMAN, JAMES C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 WEST 66TH STREET
 City EDINA State MN Zip Code 55435-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp SVP, Human Capital
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402445250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LARSEN, JOHN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402445650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HIGA, JOY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2402446250331
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	829.20
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 36 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4203 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2405428850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WEE, KATHLYN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 46TH ST NW
 City WASHINGTON State DC Zip Code 20007-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP State Sls Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2408545050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CORZINE, JEFFREY SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9350 TRACEYTON DRIVE
 City DUBLIN State OH Zip Code 43017-9689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.41

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437119750331
 Amount of Each Receipt this Period 77.68
 Memo Item
 P/R Deduction (\$38.84 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.88
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 37 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FUENTEVILLA, ANA T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 N CALLE COLMADO
 City TUCSON State AZ Zip Code 85718-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437119850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HAGAN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6536 E GREYTHORN DRIVE
 City SCOTTSDALE State AZ Zip Code 85266-6761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437120050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEISS, JACK S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6245 NORTH 75 STREET
 City SCOTTSDALE State AZ Zip Code 85250-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437120550331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	819.20
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 38 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BALTHAZOR, PAUL JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City BROOKLYN PARK State MN Zip Code 55443-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437120750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NESS, LAURA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10550 PINNACLE WAY
 City WOODBURY State MN Zip Code 55129-4282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437121550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. COSGRIFF, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1837 SUMMIT LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118-4137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437121650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 39 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EDELSON, BRETT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437127150331
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. RAINEY, PETER W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 WEST 47 STREET
 City MINNEAPOLIS State MN Zip Code 55410-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2437127550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LIPPERT, ROBIN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 A ST SE
 City WASHINGTON State DC Zip Code 20003-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2439928050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1169.20
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 40 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HEYMAN, STEPHEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2444265750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LANGER, DONALD S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1861.51

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2445015450331
 Amount of Each Receipt this Period 392.30
 Memo Item
 P/R Deduction (\$196.15 Bi-Weekly)

C. ADLINGTON SHKABERIN, AMY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3890 SUNSET DRIVE
 City SPRING PARK State MN Zip Code 55384-9634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2445016450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1161.50
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 41 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RENFRO, LARRY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 DOVE LANE
 City ANDOVER State MA Zip Code 01810-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VICE CHAIRMAN & CEO Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2460168150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ORBUCH, DAVID B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 CEDAR LAKE PKWY
 City MINNEAPOLIS State MN Zip Code 55416-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2460168250331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

C. WEXLER, ERIC J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2463723150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1224.60
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 42 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GILL, PETER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8673 SHERWOOD BLUFF
 City EDEN PRAIRIE State MN Zip Code 55347-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2463724650331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. SCHICK, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 DENBIGH LANE
 City WAYNE State PA Zip Code 19087-4644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2480620550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ABBOTT, CHRISTOPHER MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12700 MUNDOMAR DR
 City AUSTIN State TX Zip Code 78739-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 903.84

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2484541550331
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	634.60
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 43 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BURNS, MATTHEW A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2724 BISON DRIVE
 City EDMOND State OK Zip Code 73034-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2484541750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KNARR, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4806 HUTCHINS PLACE NW
 City WASHINGTON State DC Zip Code 20007-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2484542350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. TROPEANO, DANIEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 BROOKSIDE AVE
 City WAYNE State PA Zip Code 19087-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 929.17

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2484542850331
 Amount of Each Receipt this Period 227.26
 Memo Item
 P/R Deduction (\$113.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	996.46
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 44 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MANDERFELD, THOMAS B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3760 WEST CALHOUN PARKWAY
 City MINNEAPOLIS State MN Zip Code 55410-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Capital Mkt Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2486697950331
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. MCMAHON, DIRK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WILDHURST ROAD
 City EXCELSIOR State MN Zip Code 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Pres & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2491457050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NATHAN, DONALD H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 GREENWICH STREET #30
 City NEW YORK State NY Zip Code 10007-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2491457350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	849.20
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 45 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SULLIVAN, KATHRYN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 N LAKE SHORE DR #2309
 City CHICAGO State IL Zip Code 60611-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO E&I Regions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2491457550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HARTLEY, MICHAEL SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4313 MORNINGSIDE ROAD
 City EDINA State MN Zip Code 55416-5031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2538641350331
 Amount of Each Receipt this Period 4999.90
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. SMITH, KARA V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 CRESTWOOD DRIVE
 City ALEXANDRIA State VA Zip Code 22302-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2540175350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	5769.10
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 46 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PURDY, PATRICIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7417 LYNNHURST STREET
 City CHEVY CHASE State MD Zip Code 20815-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2541300650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. TIERNEY, JOELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5710 TAYCHOPERA RD
 City MADISON State WI Zip Code 53705-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2541300750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VERSAGGI, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 ALBANY AVENUE
 City ALEXANDRIA State VA Zip Code 22302-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2541300850331
 Amount of Each Receipt this Period 192.32
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.52
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 47 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HOSTETLER, BRENDAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 W WINNEMAC AVE
 City CHICAGO State IL Zip Code 60625-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2542541950331
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. RAMSAY, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2542542250331
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. SPENCER, IPYANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4226 40TH STREET NORTH
 City ARLINGTON State VA Zip Code 22207-4610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2542542350331
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	275.38
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 48 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. YAU, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9905 WOODLAND DRIVE
 City SILVER SPRING State MD Zip Code 20902-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2543582550331
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. DAVENPORT, ALLISON MCCONOMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 PELHAM ROAD
 City PHILADELPHIA State PA Zip Code 19119-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552313650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ALTER, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND ROAD
 City PORT JEFFERSON State NY Zip Code 11777-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552960250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	884.58
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 49 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BRYANT, JEREMY VAUGHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2552961350331
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

B. FLANNERY, SCOTT F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1017.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2552962350331
 Amount of Each Receipt this Period 496.00
 Memo Item
 P/R Deduction (\$248.00 Bi-Weekly)

C. JAMES, GREGORY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 KINGS POINT DRIVE
 City LARGO State FL Zip Code 33774-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 402.63

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2552963250331
 Amount of Each Receipt this Period 74.66
 Memo Item
 P/R Deduction (\$37.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	640.66
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 50 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LOVELADY, JOHN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6268 ORCHARD PARK
 City FRISCO State TX Zip Code 75034-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552964250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MATTSON, CARL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 539 ROUTE 9P
 City SARATOGA SPRINGS State NY Zip Code 12866-7279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552964850331
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

C. STREIT, BARRY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 KELLOGG AVENUE
 City EDINA State MN Zip Code 55424-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2552966750331
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	630.74
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 51 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NAASZ, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 WILDS RIDGE NW
 City PRIOR LAKE State MN Zip Code 55372-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2553474750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. RAYBURN, MONICA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5127 JACKSON PONDS CT
 City SUGAR LAND State TX Zip Code 77479-4656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2553475150331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. THOMAS, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 DUPONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2553475450331
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	348.92
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 52 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. VOJTA, DENEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 KELLOGG AVENUE
 City EDINA State MN Zip Code 55424-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2553475550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FLAGSTAD, KARSTEN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 141ST LANE NE
 City HAM LAKE State MN Zip Code 55304-6770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2554013050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. REIDY, GREGORY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4836 W SUNSET BLVD
 City TAMPA State FL Zip Code 33629-6448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2554013350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 53 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CLUTE, DANIEL J, , ,			Date of Receipt
Mailing Address 7756 N 85TH STREET			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City OMAHA	State NE	Zip Code 68122-1281	Transaction ID : PR2560064450331
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="76.92"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Med Dir	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="384.60"/>		P/R Deduction (\$38.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GIANCURSIO, DONALD J, , ,			Date of Receipt
Mailing Address 72 MIDNIGHT RIDGE DR			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064950331
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="384.60"/>
Name of Employer (for Individual) Health Plan of Nevada		Occupation (for Individual) Hlth Plan CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1923.00"/>		P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JONES, JERI L, , ,			Date of Receipt
Mailing Address 2932 E MADISON VISTAS DR			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City PHOENIX	State AZ	Zip Code 85016-4981	Transaction ID : PR2560065150331
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Regn CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="576.90"/>		P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="653.82"/>
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: (check only one)	PAGE 54 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KUNEMUND, GREGG J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9040 RIVERBEND MANOR
 City ALPHARETTA State GA Zip Code 30022-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2560065350331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

B. LIPPMAN, SHELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CLIFFFIELD ROAD
 City BEDFORD State NY Zip Code 10506-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2560065450331
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. LUCHT, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FOUR SEASONS DRIVE
 City ALTON State NH Zip Code 03809-4872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Act Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2560065650331
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	843.40
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 55 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MILICH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.22

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2560066050331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

B. NOEL, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 FREMONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2560398850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CRONIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 WALLACE RD
 City BEDFORD State NH Zip Code 03110-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2560821150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1224.60
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 56 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THOMPSON, CHARLES NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5217 EDGEWOOD ROAD
 City LITTLE ROCK State AR Zip Code 72207-5413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2561358950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LUND, BRIAN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 EAST NORTH AVE
 City GRANTSBURG State WI Zip Code 54840-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2561457650331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. CAVANAUGH, LARRY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 NE 20TH ST # 1010
 City WILTON MANORS State FL Zip Code 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben Govt Dntl Sis Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2563211050331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	540.60
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 57 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MACKENZIE, ANDREW C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2564297150331
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WILLSON, JOSH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 ADAMS CT
 City COLLEYVILLE State TX Zip Code 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2564802550331
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CARLSON, CHRISTOPHER CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cnsmr & Cust Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2564802650331
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 58 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HANSEN, PAUL DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 970.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2564802750331
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. KENNY, KATHERINE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2564803250331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARDEN, PAUL O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2564803350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	656.60
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 59 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MOQUIST, DARREN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5004 ARDEN AVE
 City EDINA State MN Zip Code 55424-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2564803450331
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. O'HARE, TAMMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 SAINT GEORGE WAY
 City BROOKEVILLE State MD Zip Code 20833-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2564803950331
 Amount of Each Receipt this Period **78.00**
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. WICKS, TIMOTHY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 WEST LAFAYETTE ROAD
 PO BOX 454
 City EXCELSIOR State MN Zip Code 55331-9417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2565448650331
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.20
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 60 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CARTER, WILLIAM CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 920679
 City HOUSTON State TX Zip Code 77292-0679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2565448750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ZAMORE, DENISE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 FELT ROAD
 City SOUTH WINDSOR State CT Zip Code 06074-3864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2567129550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ARNONE, WENDY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5243 E DESERT PARK LANE
 City PARADISE VALLEY State AZ Zip Code 85253-3015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2568900550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 61 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PARRILLO, CHRISTOPHER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 WEXCROFT DRIVE
 City BRENTWOOD State TN Zip Code 37027-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2571778250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MOYER, BRUCE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4242 BROADWAY STREET #802
 City SAN ANTONIO State TX Zip Code 78209-6463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2571778350331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. HINTON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W132N6475 MARACH RD
 City MENOMONEE FALLS State WI Zip Code 53051-6085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2571978750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	539.52
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 62 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CARLSON, KEVIN JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 BROWDALE AVENUE
 City EDINA State MN Zip Code 55424-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2572590050331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. WIFFLER, THOMAS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 SOMERFIELD DRIVE
 City BOLINGBROOK State IL Zip Code 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2572992750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GOETZ, MERRITT D, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 CLEARVIEW DR
 City NASHVILLE State TN Zip Code 37205-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2573477350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
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 63 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. QUINN, PATRICK G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15972 WETHERBURN RD
 City CHESTERFIELD State MO Zip Code 63017-7341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.22

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2573518750331
 Amount of Each Receipt this Period 222.00
 Memo Item
 P/R Deduction (\$111.00 Bi-Weekly)

B. GROZDANICH, PATTI E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12540 ROBINSON ST APT 6201
 City OVERLAND PARK State KS Zip Code 66213-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2573518850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. RICHARD, DARYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 WEST RIDGE DRIVE
 City WEST HARTFORD State CT Zip Code 06117-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574979050331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	375.84
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 64 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SIMPSON, TRENT L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 NORCREST AVE N
 City STILLWATER State MN Zip Code 55082-1779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574985050331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CIANFROCCO, HEATHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 WEST BARDONNER ROAD
 City GIBSONIA State PA Zip Code 15044-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574986250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. KAPLAN-LEWIS, DEBRA N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 WILDWOOD DR
 City SOUTHBOROUGH State MA Zip Code 01772-1989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574986950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 65 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BURNETT, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4625 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574988250331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. LANG JACOBSEN, HEATHER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11382 MOUNT CURVE RD
 City EDEN PRAIRIE State MN Zip Code 55347-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574991450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ALLAZETTA, DAVID W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 339 DARTMOUTH HILLS STREET
 City LAS VEGAS State NV Zip Code 89138-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2574995450331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	347.22
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 66 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WILLIAMS, JOSEPH RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3221 FORSYTH DRIVE
 City GREENSBORO State NC Zip Code 27407-7221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1076.95

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575008850331
 Amount of Each Receipt this Period 307.70
 Memo Item
 P/R Deduction (\$153.85 Bi-Weekly)

B. SJOBLAD, BETHANY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10730 PERRY DRIVE NORTH
 City BROOKLYN PARK State MN Zip Code 55443-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 555.54

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575009150331
 Amount of Each Receipt this Period 555.54
 Memo Item
 P/R Deduction (\$277.77 Bi-Weekly)

C. FRIDELL, CATHERINE MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 E STONEWALL DRIVE
 City MIDDLETOWN State DE Zip Code 19709-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 386.63

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575027550331
 Amount of Each Receipt this Period 76.66
 Memo Item
 P/R Deduction (\$38.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	939.90
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 67 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DUNCAN, MICHELE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3038 FAIRWAY CIRCLE
 City CHASKA State MN Zip Code 55318-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575029650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. O'BRIEN, JENNIFER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 WOODLAWN AVE
 City SAINT PAUL State MN Zip Code 55105-1339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575034550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JONCZYK, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 URBAN DALE LANE NORTH
 City MAPLE GROVE State MN Zip Code 55311-1384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575038750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 68 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MADDOX, JEFFREY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5610 PURDUE AVE
 City DALLAS State TX Zip Code 75209-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575039550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ALLENBURG, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6224 LOCH MOOR DR
 City EDINA State MN Zip Code 55439-1618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575039850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. JORDAN, GARELL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 S 64TH DRIVE
 City LAVEEN State AZ Zip Code 85339-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575050250331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.14
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 69 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LINDSAY, VIVIAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 SW 39 ST
 City DAVIE State FL Zip Code 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1356.15

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575054950331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

B. CLACKO, MARY ANN GAVINSKI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6358 COTEAU TRAIL
 City EDEN PRAIRIE State MN Zip Code 55344-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575057950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCCARTY, CARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8800 RUMFIELD RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575059450331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	610.32
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 70 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ALLEN, MARK T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575060250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CURRIE, ULYSSES MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 STILES WAY
 City WEST FRIENDSHIP State MD Zip Code 21794-9218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575064150331
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. ZAETTA, CHRISTOPHER ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 RIDGE ROAD
 City EXCELSIOR State MN Zip Code 55331-8153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575068350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	521.52
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 71 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. VERCHICK, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9916 DUSTY WINDS AVE
 City LAS VEGAS State NV Zip Code 89117-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575068950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CHRISTIAN, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 WINGATE COURT
 City FLOURTOWN State PA Zip Code 19031-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575071450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NICHOLS, SANDRA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12706 YOUNG LANE
 City NORTH POTOMAC State MD Zip Code 20878-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Natl Inptnt Care Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575074550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 72 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CALAMIA, EDITH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 ROYAL OAK DRIVE
 City FAR HILLS State NJ Zip Code 07931-2569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 675.18

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575076650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. UPCHURCH, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5023 OAKMONT PLACE
 City WESTERVILLE State OH Zip Code 43082-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575084450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HEROLD, STACI L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15008 GREEN OAKS TR SE
 City PRIOR LAKE State MN Zip Code 55372-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575093050331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 73 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CHAMPION, PHEBE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 REYBURN DRIVE
 City HENDERSON State NV Zip Code 89074-2760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575108350331
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. CARTER, JOCELYN CHISHOLM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 SILVERSTONE DRIVE
 City MADISON State MS Zip Code 39110-7581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575141950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DEWALL, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7662 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575145350331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	626.90
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 74 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JONES, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10066 ESCAMBIA BAY CT
 City NAPLES State FL Zip Code 34120-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575163550331
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. HAMANN, CHAD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7638 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575170150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCGUIRE, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 CUMBERLAND ROAD
 City WEST HARTFORD State CT Zip Code 06119-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575185450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1019.20
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 75 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DEMARIS, PETER JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 OLIVER AVE S
 City MINNEAPOLIS State MN Zip Code 55405-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575191850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GRANBERG, MITCHELL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6721 GALWAY DRIVE
 City EDINA State MN Zip Code 55439-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575196150331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

C. CONDON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 482 FAIROAK DRIVE
 City SEVERNA PARK State MD Zip Code 21146-3130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl VP Sls & Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575203150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	916.92
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 76 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FRANCIS, KEVIN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15815 MINNETONKA BLVD
 City MINNETONKA State MN Zip Code 55345-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575203350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CARRIS, DONNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 PARK PLACE UNIT # 130
 City ANNAPOLIS State MD Zip Code 21401-3392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 405.68

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575212550331
 Amount of Each Receipt this Period 74.28
 Memo Item
 P/R Deduction (\$37.14 Bi-Weekly)

C. STORDAHL, PAUL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7001 W 175TH AVENUE
 City EDEN PRAIRIE State MN Zip Code 55346-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 872.28

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575213050331
 Amount of Each Receipt this Period 516.00
 Memo Item
 P/R Deduction (\$258.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	974.88
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 77 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MEYERHOFER, JEFFREY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6624 IROQUOIS TRAIL
 City EDINA State MN Zip Code 55439-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bundled Payment Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575214650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. DOUGLAS, CHRIS DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 GALLERIA UNIT 1507
 City EDINA State MN Zip Code 55435-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575220250331
 Amount of Each Receipt this Period 40.38
 Memo Item
 P/R Deduction (\$20.19 Bi-Weekly)

C. SHORS, MATTHEW MACKINNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575222350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	501.90
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 78 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KRUTA, DARLENE DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9243 GREEN BRIAR RD
 City BLOOMINGTON State MN Zip Code 55437-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575232550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KIRKPATRICK, SUSAN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 STERLING STREET
 City LANCASTER State MA Zip Code 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575233650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CHOATE, THOMAS C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8222 STONE MASON CT
 City WINDERMERE State FL Zip Code 34786-5624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575247850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.76
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 79 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DARRAH, JACQUELINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16942 HUBBARD TRAIL
 City LAKEVILLE State MN Zip Code 55044-5846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR257524850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRANT, PAUL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 ROCKY BROOK ROAD
 City WILTON State CT Zip Code 06897-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575250250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KORF, GRETCHEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 WESTON LANE N
 City PLYMOUTH State MN Zip Code 55447-2372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575252250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 80 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BACHMANN, ANITA HART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 NORTHERN SHORES POINT
 City GREENSBORO State NC Zip Code 27455-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 933.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575258450331
 Amount of Each Receipt this Period
 133.34
 Memo Item
 P/R Deduction (\$66.67 Bi-Weekly)

B. ZARN, MARY H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11192 BLUESTEM LANE
 City EDEN PRAIRIE State MN Zip Code 55347-4731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575269150331
 Amount of Each Receipt this Period
 75.00
 Memo Item
 P/R Deduction (\$37.50 Bi-Weekly)

C. ESSLINGER, JOHN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4944 W 151ST TERRACE
 City LEAWOOD State KS Zip Code 66224-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575288950331
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	285.26
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 81 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HAMBLIN, JILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3103 BEACON GROVE ST
 City SPRING State TX Zip Code 77389-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575290350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BEAUREGARD, THOMAS RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 MILTON ROAD
 City GOSHEN State CT Zip Code 06756-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575295150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HEWITT, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1443 RAYMOND AVE
 City SAINT PAUL State MN Zip Code 55108-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 201.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2575296750331
 Amount of Each Receipt this Period 40.38
 Memo Item
 P/R Deduction (\$20.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	501.90
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 82 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CUEVAS, BRANDON E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CLOISTER COURT
 City LADERA RANCH State CA Zip Code 92694-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575305650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KRINN, DOUGLAS L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3008 CYPRESS CIRCLE NORTH
 City MEDINA State MN Zip Code 55340-8809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575310150331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HUNT, BRADLEY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6636 W SHORE DR
 City EDINA State MN Zip Code 55435-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575310450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 83 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GOLDBERG, JEFFREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575326950331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. PEEL, CHAD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7185 GUNFLINT TRAIL
 City CHANHASSEN State MN Zip Code 55317-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575329850331
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. VAN HAM, COLLEEN HASTINGS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 N EVERGREEN AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575341950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	542.60
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 84 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TELESKY, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575350950331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. DOLL, KATHLEEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3184 MULLIGAN LANE
 City CHASKA State MN Zip Code 55318-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NMT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575385150331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WINKLER, YASMINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 WEST WIGWAM TRAIL
 City MOUNT PROSPECT State IL Zip Code 60056-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575390950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	539.52
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 85 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FENLON, STEVEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4925 DREW AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575392050331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BRATTEBO, CRAIG L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10202 HARMONY CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575397250331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. GOTHARD, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16492 BROOKLANE BOULEVARD
 City NORTHVILLE State MI Zip Code 48168-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 389.07

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575419150331
 Amount of Each Receipt this Period 76.36
 Memo Item
 P/R Deduction (\$38.18 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	460.96
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 86 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MCGAVICK, KEVIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 NOTTINGHAM COURT
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575421950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. O'HARA, KARIN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575428750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CASTILLO, EFREM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 JOLIET AVE
 City SAN ANTONIO State TX Zip Code 78209-5243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575441350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 87 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MURLEY, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575443650331
 Amount of Each Receipt this Period 4999.70
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. AXBERG, PAMELA JEAN STEGORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1427 BROOKSHIRE COURT
 City NEW BRIGHTON State MN Zip Code 55112-6390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 414.98

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575443850331
 Amount of Each Receipt this Period 8.68
 Memo Item
 P/R Deduction (\$4.34 Bi-Weekly)

C. SPILKER, TIMOTHY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 FITCH LANE
 City NEW CANAAN State CT Zip Code 06840-5051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575446350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	5392.98
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 88 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HAUTMAN, MILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 SYCAMORE CIRCLE
 City PLYMOUTH State MN Zip Code 55441-5667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575447150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BOOKER, ROBERT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16632 HANSON BLVD NW
 City ANDOVER State MN Zip Code 55304-2089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575447250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GEHLBACH, THOMAS E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 YELLOWSTONE TRAIL
 City MINNETRISTA State MN Zip Code 55331-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1014.72

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575448850331
 Amount of Each Receipt this Period 497.00
 Memo Item
 P/R Deduction (\$248.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1266.20
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 89 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MCGLINCH, THOMAS S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 MIDWEST TRAIL NORTH
 City LAKE ELMO State MN Zip Code 55042-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575451650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MURPHY, ERIC D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 BLAKE ROAD
 City EDINA State MN Zip Code 55436-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575453750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FRANZ, PHILLIP R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WALLACE ROAD
 City MIDDLETOWN State NJ Zip Code 07748-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575463150331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	461.52
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 90 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SADUSKE, NANETTE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4276 NICOLET DRIVE
 City GREEN BAY State WI Zip Code 54311-9798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 387.81

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575470250331
 Amount of Each Receipt this Period 76.52
 Memo Item
 P/R Deduction (\$38.26 Bi-Weekly)

B. STARMANN, LYNN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11701 WEMBLEY RD
 City LOS ALAMITOS State CA Zip Code 90720-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575494550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HOWELL, NICHOLAS F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 ORANGE GROVE AVENUE
 City SOUTH PASADENA State CA Zip Code 91030-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575510050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.04
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 91 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JOSEPH, MOLLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 GRAND SUMMIT BLVD
 City DRIPPING SPRINGS State TX Zip Code 78620-2882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575521750331
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

B. DI RE, BERNADETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 NORFOLK LANE
 City HOLLISTON State MA Zip Code 01746-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575522550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CROCKETT, DOUGLAS F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5938 DEER HOLLOW COURT
 City PITTSBORO State IN Zip Code 46167-9583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 585.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575526050331
 Amount of Each Receipt this Period 114.28
 Memo Item
 P/R Deduction (\$57.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	575.20
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 92 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. COHEN, SANFORD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CRESCENT LANE
 City LEVITTOWN State NY Zip Code 11756-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575526150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HERNANDEZ, MAYRENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 SW 189TH AVENUE
 City PEMBROKE PINES State FL Zip Code 33029-6047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575529250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HOLOVANIA, KRISTEN NOEL ANDERSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575533050331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	916.92
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 93 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HILL, JANE B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34301 299TH PLACE
 City AITKIN State MN Zip Code 56431-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575533150331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HAMLIN, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575536250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SUN, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8408 ENSLEY PLACE
 City LEAWOOD State KS Zip Code 66206-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575540250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.76
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 94 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STEINBRECHER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 LILAC LANE
 City FRISCO State TX Zip Code 75034-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575544550331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

B. STAFFORD, JEFF S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9413 W 131ST STREET
 City OVERLAND PARK State KS Zip Code 66213-3079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575561250331
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. MOCK, CURTIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 KELTON STREET
 City REHOBOTH State MA Zip Code 02769-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575579250331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	763.10
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 95 OF 238
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WINSOR, ELIZABETH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 WILDERS PASS
 City CANTON State CT Zip Code 06019-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575582850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HARRIS, EUGENE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2832 HARBORSIDE WAY
 City SOUTHPORT State NC Zip Code 28461-8373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Brkr Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575585450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SOLLER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17210 62ND AVE NORTH
 City MAPLE GROVE State MN Zip Code 55311-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575586750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 96 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GISCH, SHAWNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1735 HEMLOCK WAY
 City CHANHASSEN State MN Zip Code 55317-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575592150331
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. MILLER, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 MAGILL DRIVE
 City GRAFTON State MA Zip Code 01519-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 386.63

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575595650331
 Amount of Each Receipt this Period 76.66
 Memo Item
 P/R Deduction (\$38.33 Bi-Weekly)

C. CHIMENTO, LISA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 FORT WILLIAMS PKWY
 City ALEXANDRIA State VA Zip Code 22304-1849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mngng Dir Optuml Cons
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575596150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	861.26
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 97 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. IVERSON, LISA M, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2018
Mailing Address 13341 CARRACH AVENUE		Transaction ID : PR2575603250331
City ROSEMOUNT	State MN	Zip Code 55068-4774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment CFO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCNUTT, DIANE L, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2018
Mailing Address 11524 ZION ROAD		Transaction ID : PR2575604550331
City BLOOMINGTON	State MN	Zip Code 55437-3636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Chief Talent Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. COSTA, JOEL, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2018
Mailing Address 775 WESTCHESTER AVENUE		Transaction ID : PR2575605850331
City SHAKOPEE	State MN	Zip Code 55379-4557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Fin	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1153.80	P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
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 98 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KING, SARAH D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 CUTLER ROAD
 City GREENWICH State CT Zip Code 06831-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575612850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. STOCKHOWER, MARK W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 MANOR DRIVE
 City BURNSVILLE State MN Zip Code 55337-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575619950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WAULTERS, SCOTT D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 HEMLOCK COURT
 City MANALAPAN State NJ Zip Code 07726-4254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575622150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 99 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THOMPSON, BRIAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575634650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WILSON JR, STEPHEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 DURHAM MANOR DRIVE
 City FRANKLIN State TN Zip Code 37064-5266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575636150331
 Amount of Each Receipt this Period 73.84
 Memo Item
 P/R Deduction (\$102.93 Bi-Weekly)

C. CLARK, TERENCE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575636950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	843.04
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 100 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CABANILLAS, MARIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 SHERIDAN
 City HOUSTON State TX Zip Code 77030-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 557.67

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575637350331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. DAVIS, BENTON V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9825 NORTH 53RD PLACE
 City PARADISE VALLEY State AZ Zip Code 85253-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1406.59

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575639250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NICOLL, DEREK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 MEADOWVIEW LANE
 City MEDINA State MN Zip Code 55340-4510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575648650331
 Amount of Each Receipt this Period 115.40
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	692.30
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 101 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HERMAN, CRAIG S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9609 WYOMING CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575650250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCFANN, ELENA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18925 24TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55447-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575654750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ZIGLER, JANICE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 TREVINO CIRCLE
 City ANGEL FIRE State NM Zip Code 87710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575665650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 102 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ALLEN, CARL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8675 AZURE SKY DRIVE
 City LAS VEGAS State NV Zip Code 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575669350331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BOGATYRENKO, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 STURGIS RD
 City BRONXVILLE State NY Zip Code 10708-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575675450331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MITCHELL, JILL K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11499 ASHLEY COURT
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575678350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	347.22
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 103 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STIDMAN, CHRISTOPHER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575683850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. OCHIPINTI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2751 MEETING PLACE
 City ORLANDO State FL Zip Code 32814-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575685750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FINE, BRETT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 STONINGTON ROAD
 City SILVER SPRING State MD Zip Code 20902-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575692850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 104 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FARRELL, STEPHEN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 MAJOR DOANE RD
 City WELLFLEET State MA Zip Code 02667-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575696250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PROKOCKI, ELIZABETH SOBERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9746 SUNSET HILL DR
 City LONE TREE State CO Zip Code 80124-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575705850331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

C. WILSON, D ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 STUART STREET 25D
 City BOSTON State MA Zip Code 02116-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575708850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	916.92
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 105 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. VOLLRATH, MICHELLE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7647 MARKER ROAD
 City SAN DIEGO State CA Zip Code 92130-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575719850331
 Amount of Each Receipt this Period 113.68
 Memo Item
 P/R Deduction (\$56.84 Bi-Weekly)

B. HEYWOOD, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 KAWAIHAE DR APT 19F
 City HONOLULU State HI Zip Code 96825-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575733350331
 Amount of Each Receipt this Period 1000.00
 Memo Item
 P/R Deduction (\$1000.00 Bi-Weekly)

C. KNORR, MOLLY LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 PROSPECT AVENUE
 City HARTFORD State CT Zip Code 06105-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575735450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1190.60
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 106 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GROSKLAGS, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3233 TIMBERWOLF CIRCLE
 City PRIOR LAKE State MN Zip Code 55372-3272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575735750331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. KRAL, JESSICA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4358 COOLIDGE AVE
 City SAINT LOUIS PARK State MN Zip Code 55424-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.72

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575736150331
 Amount of Each Receipt this Period 497.00
 Memo Item
 P/R Deduction (\$248.50 Bi-Weekly)

C. MURRAY, THOMAS M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CIRCLE WEST
 City EDINA State MN Zip Code 55436-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575736550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1073.90
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 107 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CESARETTI, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5020 CIRCLE DOWN
 City GOLDEN VALLEY State MN Zip Code 55416-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575739050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PINERSKI, JENNIFER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3424 BRYANT AVE S #2 MINNEAPOLIS
 City MINNEAPOLIS State MN Zip Code 55408-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575752850331
 Amount of Each Receipt this Period 83.32
 Memo Item
 P/R Deduction (\$41.66 Bi-Weekly)

C. LAMOINE, DAVID D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 W 89TH ST
 City BLOOMINGTON State MN Zip Code 55431-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575755150331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	544.84
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 108 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EKLO, BENJAMIN N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3942 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575761850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CUNNINGHAM, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 SOUTH 16TH STREET UNIT 4706
 City PHILADELPHIA State PA Zip Code 19102-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575767850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BERGDOLL, JENNIFER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 LOS DOLCES ST
 City LAS VEGAS State NV Zip Code 89138-4559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575793750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 109 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MAURER, CARRIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2899 EDGEWATER COVE
 City WOODBURY State MN Zip Code 55125-8705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575798150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WIX, LACOSTA NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 MANILA ST
 City NASHVILLE State TN Zip Code 37206-3437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575800050331
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$37.50 Bi-Weekly)

C. LEVINE, CAROL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9100 LARKSPUR LANE
 City EDEN PRAIRIE State MN Zip Code 55347-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575803350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	844.20
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 110 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HJERPE, ADAM C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13932 UTAH AVE S
 City SAVAGE State MN Zip Code 55378-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575806250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RUSSELL, LAURIE ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575812150331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. SHAPIRO, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 MORGAN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575814250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.20
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 111 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MECKEY, SAMUEL JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 WYNDAM DRIVE
 City SHAKOPEE State MN Zip Code 55379-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575814550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SEXTON, ELLEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14750 CRESTWOOD COURT
 City ELM GROVE State WI Zip Code 53122-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575823250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCNATT, RICHARD ELLIOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 KENSINGTON COURT
 City ALPHARETTA State GA Zip Code 30022-6274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575824950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 112 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KAUFMAN, PHILIP R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1680 NORTH FARM ROAD
 City ORONO State MN Zip Code 55356-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575829850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HUNTLEY, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19503 HARMONY AVE
 City ROGERS State MN Zip Code 55374-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575832050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JERDE, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 EAST VERA LANE
 City TEMPE State AZ Zip Code 85284-4036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575837450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 113 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BEESON, MARY JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 BLUE INDIGO CT
 City PONTE VEDRA BEACH State FL Zip Code 32082-6543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575839550331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BOROCH, BLAIR WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 BELFRY DRIVE
 City BLUE BELL State PA Zip Code 19422-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.30

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575849950331
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. GOLDEN, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SOUND COURT
 City NORTHPORT State NY Zip Code 11768-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575859350331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	464.60
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 114 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. COTTINGTON, NYLE BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15050 47TH STREET NE
 City SAINT MICHAEL State MN Zip Code 55376-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.62

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575865350331
 Amount of Each Receipt this Period 129.60
 Memo Item
 P/R Deduction (\$64.80 Bi-Weekly)

B. PEZHMAN, PAYMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3016 GROVELAND SCHOOL ROAD
 City WAYZATA State MN Zip Code 55391-2816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575883550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LANGAN, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 MEADOW LANE
 City BENSON State MN Zip Code 56215-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575885050331
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	708.20
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 115 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MARGHERIO JR, MICHAEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 W 67TH STREET
 City KANSAS CITY State MO Zip Code 64113-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575916350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. JENSEN PFIFFER, KIM M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9449 ASPEN RD
 City LAKEVILLE State MN Zip Code 55044-8148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575929750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MEDEIROS, MICHAEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7112 LANGMUIR DRIVE
 City MCKINNEY State TX Zip Code 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575930650331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	231.84
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 116 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZITZER, CHRISTOPHER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2848 FRANCE AVE S
 City ST LOUIS PARK State MN Zip Code 55416-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575933350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MATTERA, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 HIGHCROFT ROAD
 City WAYZATA State MN Zip Code 55391-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575938450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RILEY, FELICITY SPRING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2315 BEVERLY ROAD
 City SAINT PAUL State MN Zip Code 55104-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 876.21

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2575943350331
 Amount of Each Receipt this Period 217.38
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	678.90
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 117 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SALVO, GIANCARLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 SW 149 LANE
 City SUNRISE State FL Zip Code 33326-1957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575964950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. RICHARDS, ALISON L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 WEST GRANTLEY
 City ELMHURST State IL Zip Code 60126-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP NA Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575987950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHULTZ, STACY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 S XERXES AVENUE
 City MINNEAPOLIS State MN Zip Code 55410-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2575990950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 118 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BRIGGS, MARC R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13534 TUSCALEE HILL CIR
 City DRAPER State UT Zip Code 84020-5653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1744.34

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576001650331
 Amount of Each Receipt this Period 406.00
 Memo Item
 P/R Deduction (\$203.00 Bi-Weekly)

B. SANN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8326 ELKO DRIVE
 City ELLICOTT CITY State MD Zip Code 21043-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.10

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576026450331
 Amount of Each Receipt this Period 84.62
 Memo Item
 P/R Deduction (\$42.31 Bi-Weekly)

C. ADAMS, GAYLE Q, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 CANYON RIDGE DRIVE
 City SANDIA PARK State NM Zip Code 87047-8509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategic Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576040350331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	682.92
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 119 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BYRNES, CHRISTOPHER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3920 GLENWOOD STREET
 City DULUTH State MN Zip Code 55804-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1356.15

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576042850331
 Amount of Each Receipt this Period 455.40
 Memo Item
 P/R Deduction (\$227.70 Bi-Weekly)

B. KANDALFT, KEVIN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4189 WINDSOR POINT PLACE
 City EL DORADO HILLS State CA Zip Code 95762-3797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.67

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576043650331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MONICAL, KENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9795 E PIEDRA DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-9231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576051350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1032.30
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 120 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. REX, JOHN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576060050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCEWAN, JOSHUA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4711 WEST 28TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55416-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1849.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576085750331
 Amount of Each Receipt this Period 393.84
 Memo Item
 P/R Deduction (\$196.92 Bi-Weekly)

C. DUDA, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 RICHWOOD DRIVE
 City EDINA State MN Zip Code 55436-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576089950331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	970.74
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 121 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JOHNSON, DARRIN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BERTON COURT
 City MIDDLETOWN State DE Zip Code 19709-9932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576103750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DIAMOND, TIFFANY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 HARVEY DRIVE
 City GOFFSTOWN State NH Zip Code 03045-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576105550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BOADO, ANDREA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14924 PONDVIEW CIRCLE
 City WAYZATA State MN Zip Code 55391-2249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2576144650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 122 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NELSON, STEVEN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576144850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FRIDNER, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576147550331
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. MYHRAN, LYNN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2280 FOX STREET
 City ORONO State MN Zip Code 55356-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576158450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.20
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 123 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PAUNOVICH, VUKASIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 KEITH RD
 City WAKE FOREST State NC Zip Code 27587-7301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576306750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BENSON, JEAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576310950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHMALTZ, CHRISTOPHER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4807 BEACH DR SW
 City SEATTLE State WA Zip Code 98116-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2576312850331
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1185.86
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 124 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LONG, PAUL NELSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12352 PRINCETON AVE
 City EDEN PRAIRIE State MN Zip Code 55347-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578734950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ASNER, BARTLEY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 OFFSHORE
 City NEWPORT BEACH State CA Zip Code 92657-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578819450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DUFFEY, KRISTY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8906 WINGED FOOT DRIVE
 City PASADENA State MD Zip Code 21122-6670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578823250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 125 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CIAVOLA, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1686 WILDFIRE LANE
 City FRISCO State TX Zip Code 75033-7325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP STARS & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578824350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BUSBEE, NATHANAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 ORPINGTON RD
 City BALTIMORE State MD Zip Code 21229-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578826750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MILLER, TRACI R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 729 PINE TRAIL
 City ARNOLD State MD Zip Code 21012-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2578829950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 126 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FARMER, RACHEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 ALBIZIA COURT
 City BATON ROUGE State LA Zip Code 70808-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2595208350331
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. LONIGRO, ANTHONY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3186 WEST CANYON AVE
 City SAN DIEGO State CA Zip Code 92123-5426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2595225850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SNYDER, MARY RACHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1075 BOSTON POST RD
 City MADISON State CT Zip Code 06443-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2595229350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	576.90
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 127 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SCOTT, WESTON PRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16333 VANCE JACKSON
 APT 1215
 City SAN ANTONIO State TX Zip Code 78257-5090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.70

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2601125350331
 Amount of Each Receipt this Period 61.54
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

B. SHORT, MARIANNE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 SUMMIT AVENUE
 City SAINT PAUL State MN Zip Code 55105-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2601133550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SWANSON, AMY N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 SPARROW WAY
 City WADSWORTH State OH Zip Code 44281-7716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2601140750331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	638.44
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 128 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RODRIGUEZ, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10501 SW 102 AVENUE
 City MIAMI State FL Zip Code 33176-3511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2601176850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCBEATH, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2537 RED ARROW DRIVE
 City LAS VEGAS State NV Zip Code 89135-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2605708950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DAVIS, KELLY MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 N LEBANON ST
 City ARLINGTON State VA Zip Code 22205-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2605734250331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
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 129 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MALONE, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S 22ND ST
 City ARLINGTON State VA Zip Code 22202-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2605736950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WEISSEL, MICHAEL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 HAGEN ROAD
 City NEWTON State MA Zip Code 02459-2731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2606842950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MATECZUN, JOHN MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403
 City LONGBOAT KEY State FL Zip Code 34228-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2606845150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 130 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FICKER, MARK D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 173 LAURELWOOD DRIVE
 City NOVATO State CA Zip Code 94949-8427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.63

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2607806750331
 Amount of Each Receipt this Period 76.66
 Memo Item
 P/R Deduction (\$38.33 Bi-Weekly)

B. LANDO, LISA MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PINEAPPLE STREET APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2608059550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. FLYNN, VIRGINIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 VAN TERRACE
 City SPARKILL State NY Zip Code 10976-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2608061250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.50
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 131 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FERGUSON, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SOUTH SHERATON DRIVE
 City AKRON State OH Zip Code 44319-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2608061950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BODELL, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18710 34TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55447-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2609811350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WRIGHT, NORMAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5205 KELSEY TERRACE
 City EDINA State MN Zip Code 55436-1172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief of Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2609812350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 132 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STRAUSS, DAVID E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 FRANCE AVENUE S
 UNIT 33
 City MINNEAPOLIS State MN Zip Code 55410-2061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Total Rewards, HC Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2612521850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SMITH, MELANIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15340 HIGHLAND PLACE
 City MINNETONKA State MN Zip Code 55345-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Recruit Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2612527650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. STEVENS, J M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 93 CONSERVATION ROAD
 City SUFFIELD State CT Zip Code 06078-2442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2612528550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 133 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BAKER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 HIGHOVER TRAIL
 City CHANHASSEN State MN Zip Code 55317-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2612530550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. CORCORAN, SUSAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 DONBUSH ROAD
 City NORTH OAKS State MN Zip Code 55127-2095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2613385350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DICKINSON, DAVID PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 ATKINSON LANE
 City SUDBURY State MA Zip Code 01776-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 585.68

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2613388950331
 Amount of Each Receipt this Period 114.28
 Memo Item
 P/R Deduction (\$57.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	575.80
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 134 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KREJCI, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19880 LAKEVIEW AVENUE
 City EXCELSIOR State MN Zip Code 55331-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2614310750331
 Amount of Each Receipt this Period 56.16
 Memo Item
 P/R Deduction (\$28.08 Bi-Weekly)

B. VAIL, ABIGAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 DEXTER DRIVE
 City TALLAHASSEE State FL Zip Code 32312-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2614315650331
 Amount of Each Receipt this Period 57.69
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. BURKHOLDER, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 DUBONNET DRIVE
 City MACUNGIE State PA Zip Code 18062-8857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2615073450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	498.45
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 135 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. OCONNOR, THOMAS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 JAMES STREET
 City DURHAM State NC Zip Code 27707-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2615082050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SOLOMON, RANDALL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2615671550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BIRNBAUM, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2615671650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 136 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NIEMYER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9237 ENGLISH MEADOW WAY
 City LAYTONSVILLE State MD Zip Code 20882-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 923.10

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2615682850331
 Amount of Each Receipt this Period 184.62
 Memo Item
 P/R Deduction (\$92.31 Bi-Weekly)

B. KNUTSON, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Avenue, N.W. Suite 200
 City Washington State DC Zip Code 20004-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Dir Ntwk Pricing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2615923950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. TRAW, KEVIN JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 13TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2617365650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	338.46
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 137 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JOHNSON, MARK OWEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8687 RILEY CURVE
 City CHANHASSEN State MN Zip Code 55317-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2617933950331
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. BROWN, ROGER ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 EAST STATE AVE
 City PHOENIX State AZ Zip Code 85020-4940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2622557950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. OLSON, MARK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 14TH ST UNIT 1210
 City DENVER State CO Zip Code 80202-3259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2622561650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	553.82
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 138 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MULES, REBECCA HUMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 DOVER STREET
 City BALTIMORE State MD Zip Code 21230-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2624442650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. STALLWOOD, GREGG E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4842 JUNIPER DR
 City PALM HARBOR State FL Zip Code 34685-2688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2625499050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. COLLETTE, CHRISTOPHER LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4776 MANITOU ROAD
 City EXCELSIOR State MN Zip Code 55331-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2625499550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 139 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RELLER, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5120 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Mktg Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2625501950331
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SMITH, LISA MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 INTERLACHEN BLUFF
 City EDINA State MN Zip Code 55436-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 387.82

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2625503750331
 Amount of Each Receipt this Period **76.52**
 Memo Item
 P/R Deduction (\$38.26 Bi-Weekly)

C. LAWTON, MICHAEL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 CROSS PINES DR
 City FLEMING ISLAND State FL Zip Code 32003-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2625505450331
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	845.72
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 140 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. COWEN, WESLEY RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 VIRGINIA PARK CIRCLE NE
 City ATLANTA State GA Zip Code 30306-4081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2625532350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CULHANE, DEBORAH ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 COVE WAY UNIT 301
 City QUINCY State MA Zip Code 02169-5857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2626356050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HINES, GREGORY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3660 SILVERWOOD RD
 City WEST SACRAMENTO State CA Zip Code 95691-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2626886550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 141 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STOCKSTAD, LYNNE DEANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 GIDEONS POINT RD
 City EXCELSIOR State MN Zip Code 55331-9526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Chief Mktg Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2626915550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RANHEIM, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7608 GLEN ALCOVE
 City WOODBURY State MN Zip Code 55129-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2628329350331
 Amount of Each Receipt this Period 31.72
 Memo Item
 P/R Deduction (\$15.86 Bi-Weekly)

C. VAN DER WALDE, LAMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Reform/Modernizatn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2628332350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	800.92
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 142 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KORNHAUSER, MICHAEL STEWART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 SUMMIT LANE
 City BALA CYNWYD State PA Zip Code 19004-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2628335750331
 Amount of Each Receipt this Period 115.92
 Memo Item
 P/R Deduction (\$57.96 Bi-Weekly)

B. THOMPSON, BRUCE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 WELBORN STREET UNIT C
 City DALLAS State TX Zip Code 75219-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2628833650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JARVIE, BRUCE MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18750 KIPHEART DRIVE
 City LEESBURG State VA Zip Code 20176-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2629554550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	577.44
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 143 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WONG, MING TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21066 ASHLEY LANE
 City LAKE FOREST State CA Zip Code 92630-5867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2629556850331
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

B. TITA, MARYBETH ALEXIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 BEACH WOOD ROAD
 City FERNANDINA BEACH State FL Zip Code 32034-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2632077850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. OTTESON, WILLIAM JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 OXFORD AVE
 City EDINA State MN Zip Code 55436-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2632082550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	273.84
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 144 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MILLIGAN JR, CHARLES JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9180 COORS BLVD NW # 1004
 City ALBUQUERQUE State NM Zip Code 87120-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2632083550331
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. HIBBERT, LINDA F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 924 BENTLEY COURT
 City CHALFONT State PA Zip Code 18914-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2632085350331
 Amount of Each Receipt this Period 76.66
 Memo Item
 P/R Deduction (\$38.33 Bi-Weekly)

C. GORSUCH, KIRSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2632087850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	541.26
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 145 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TUFFIN, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2632087950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KEANEY, CRAIG J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6233 CRESCENT DRIVE
 City EDINA State MN Zip Code 55436-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2632088350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WALTER, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1490 SETTLER ST
 City ELBURN State IL Zip Code 60119-7841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Architecture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR263208850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 146 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TEMPLE, MARTHA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 LITTLE LANE
 City DURHAM State CT Zip Code 06422-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2632873650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WALTHOUR, JOHN ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5049 COLFAX AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2632877050331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. PLATT, LAWRENCE DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 KING STREET
 City ALEXANDRIA State VA Zip Code 22302-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2632880750331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 147 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HAPGOOD, WADE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 NW 82ND
 City TOPEKA State KS Zip Code 66617-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2634167050331
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. PRIBLE, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1923 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2634656650331
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHEID, ADREAN ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2915 CATHEDRAL AVENUE NW
 City WASHINGTON State DC Zip Code 20008-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : PR2634880450331
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	884.58
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 148 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LARAMEE, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2902 S ESPERANZA AVENUE
 City TAMPA State FL Zip Code 33629-7119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2634881550331
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. PESCATELLO, SARA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2149 CALIFORNIA STREET NW APT #D
 City WASHINGTON State DC Zip Code 20008-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2634888550331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. POWER, ROBERT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SMITH LANE
 City SAINT JAMES State NY Zip Code 11780-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2634892850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	553.82
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 149 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PAYET, KEITH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 ENCLAVE CT
 City BRENTWOOD State TN Zip Code 37027-7894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2635440050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ROOS, THOMAS EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3199 KAGEN AVE NE
 City SAINT MICHAEL State MN Zip Code 55376-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2635451250331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SMITH, KENNETH JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 WASHINGTON ST #202
 City BOSTON State MA Zip Code 02118-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2636734550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 150 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LIST, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 DAVIS ST
 City NORTHBOROUGH State MA Zip Code 01532-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2637694650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. LOGAN, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 3RD STREET NE
 City WASHINGTON State DC Zip Code 20002-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.51

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2638112750331
 Amount of Each Receipt this Period 76.20
 Memo Item
 P/R Deduction (\$38.10 Bi-Weekly)

C. HAUSCHLDT, TODD CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 4TH AVE N UNIT 703
 City MINNEAPOLIS State MN Zip Code 55401-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2638114750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.04
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 151 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZEGLINSKI, MICHAEL G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 TRIMONT LANE #610A
 City PITTSBURGH State PA Zip Code 15211-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639701850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. EDWARDS, MICHAEL F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 DURHAM ROAD
 City WYCKOFF State NJ Zip Code 07481-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639702050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SKOMO, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4002 PHILLIPS COURT
 City MARS State PA Zip Code 16046-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639702750331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 152 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CALABRESE, DAVID CHRISTIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 LITTLE POND RD
 City NORTHBOROUGH State MA Zip Code 01532-1686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1184.76

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2639708350331
 Amount of Each Receipt this Period 477.00
 Memo Item
 P/R Deduction (\$238.50 Bi-Weekly)

B. SMITH, ANTHONY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROCKAWAY AVE
 City MARBLEHEAD State MA Zip Code 01945-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.29

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2639746250331
 Amount of Each Receipt this Period 86.94
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

C. SURRELL, CHRISTOPHER P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 DARTINGTON WAY
 City JOHNS CREEK State GA Zip Code 30022-8045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 590.16

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2639758150331
 Amount of Each Receipt this Period 145.44
 Memo Item
 P/R Deduction (\$72.72 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	709.38
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 153 OF 238
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JENSEN MOORE, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 ROSE AVENUE
 City MILL VALLEY State CA Zip Code 94941-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.79

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639770350331
 Amount of Each Receipt this Period 49.52
 Memo Item
 P/R Deduction (\$24.76 Bi-Weekly)

B. BIGHAM, ANNE ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2610 HOLLY LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639771450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DUTTA, SUMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 W WRIGHTWOOD AVE
 City CHICAGO State IL Zip Code 60614-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639773850331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	818.72
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 154 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KETTLEWELL, KELLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 457 N OAK ST
 City ELMHURST State IL Zip Code 60126-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639774150331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. NELSON, ELLEN RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11882 TILDEN PLACE
 City WELLINGTON State FL Zip Code 33414-6056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639795350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SMITH, DELYLE ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 447
 City MT PROSPECT State IL Zip Code 60056-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 402.63

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2639801550331
 Amount of Each Receipt this Period 74.66
 Memo Item
 P/R Deduction (\$37.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	459.26
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 155 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WU, LAMBERT ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11008 CHERWELL COURT
 City LAS VEGAS State NV Zip Code 89144-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640461650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. STOW, CHRISTINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 ALTON PL NW
 City WASHINGTON State DC Zip Code 20016-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640466450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WAGNER, JOSEPH F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3405 MEREDITH RIDGE ROAD
 City PHOENIX State MD Zip Code 21131-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.46

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640875850331
 Amount of Each Receipt this Period 88.00
 Memo Item
 P/R Deduction (\$44.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	549.52
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 156 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ESTESS, SHARON SENGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 ASHBROOKE TRAIL
 City MADISON State MS Zip Code 39110-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640876550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. METKO, SARA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23665 HIGHVIEW LANE
 City LAKEVILLE State MN Zip Code 55044-6025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640877350331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MINTO, RYAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 HERITAGE CLUB AVE
 City WAKE FOREST State NC Zip Code 27587-7698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 482.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2640882450331
 Amount of Each Receipt this Period 95.92
 Memo Item
 P/R Deduction (\$47.96 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	249.76
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 157 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ADVANI, PROTIMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7618 BRITTANY PARC CT
 City FALLS CHURCH State VA Zip Code 22043-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642024150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRUECKMAN, BRIAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 PARK COMMONS DRIVE #417
 City SAINT LOUIS PARK State MN Zip Code 55416-4993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642029450331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BRANNEN, RAYMOND CLIFTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6258 FORT PIERCE WAY
 City HERRIMAN State UT Zip Code 84096-3977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Dir Training
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 253.79

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642030750331
 Amount of Each Receipt this Period 49.52
 Memo Item
 P/R Deduction (\$24.76 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	818.72
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 158 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MARTIN, STEPHANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7002 N VIA DE MANANA
 City SCOTTSDALE State AZ Zip Code 85258-3951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642818050331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. YOUNG, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15222 ALMA MATER CT
 City BATON ROUGE State LA Zip Code 70810-8389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 621.42

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642830350331
 Amount of Each Receipt this Period 234.80
 Memo Item
 P/R Deduction (\$117.40 Bi-Weekly)

C. LONG, RICHARD JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 THOMAS AVE S UNIT 1623
 City MINNEAPOLIS State MN Zip Code 55416-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2642831250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	388.64
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 159 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FOX, ELIZABETH NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 NORTH GARFIELD STREET #308
 City ARLINGTON State VA Zip Code 22201-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2642832050331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. CRESTA, BRIAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 OGDEN LANE
 City MIDDLETON State MA Zip Code 01949-1669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2642837550331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WILLENBRING, LYNN CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 20TH STREET NORTH
 City OAKDALE State MN Zip Code 55128-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1521.73

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2642839350331
 Amount of Each Receipt this Period 434.78
 Memo Item
 P/R Deduction (\$217.39 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	704.00
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 160 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SIVERTSEN, DARREN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11632 SLEEPY HEAVEN PLACE
 City LAS VEGAS State NV Zip Code 89138-7557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643132650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SOCZYNSKI, PAUL F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 SOUTH 91ST STREET
 City WEST ALLIS State WI Zip Code 53214-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643197750331
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$37.50 Bi-Weekly)

C. CRAGLE, STEVE LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 MOHAWK TRAIL
 City EDINA State MN Zip Code 55439-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1014.72

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643200650331
 Amount of Each Receipt this Period 497.00
 Memo Item
 P/R Deduction (\$248.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	648.92
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 161 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NEELY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 BUFFALO RIDGE RD
 City CASTLE PINES State CO Zip Code 80108-8190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2643203150331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HAMMOND, MICHAEL JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 NE 59TH TERR
 City TOPEKA State KS Zip Code 66617-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Prod Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2644644850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCKOY, PHILIP GREGORY JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 927 LINCOLN AVE
 City SAINT PAUL State MN Zip Code 55105-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2644651650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
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 162 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MISTRY, RASHMITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6658 WATERTON CIRCLE
 City MUKILTEO State WA Zip Code 98275-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2645169150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NEALE, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11380 WILD HERON PT
 City EDEN PRAIRIE State MN Zip Code 55347-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2645175250331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MAHRT, JONATHAN BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4035 W 65TH ST APT 127
 City EDINA State MN Zip Code 55435-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 555.54

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2645176950331
 Amount of Each Receipt this Period 555.54
 Memo Item
 P/R Deduction (\$277.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1017.06
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 163 OF 238
<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HOFFMAN, SHERRI LINKOFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3409 DEEP WILLOW AVENUE
 City PIKESVILLE State MD Zip Code 21208-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2646294650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. STANKIEWICZ, DENNIS ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17761 WEAVER LAKE DRIVE
 City MAPLE GROVE State MN Zip Code 55311-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2646304050331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. ZENICK, GEOFFREY ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7714 TWISTED OAKS CIRCLE
 City DALLAS State TX Zip Code 75231-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2698410850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.84
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 164 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GROSSMAN, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BROOKSIDE AVE
 City MENANDS State NY Zip Code 12204-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.51

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699179850331
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

B. SELIG, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6406 WESTMINSTER
 City BENTON State AR Zip Code 72019-6682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Health Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699184650331
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. AHLSTROM, ALEXIS K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 OAKWOOD TERRACE
 City WASHINGTON State DC Zip Code 20010-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 383.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699187150331
 Amount of Each Receipt this Period 76.72
 Memo Item
 P/R Deduction (\$38.36 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	274.03
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 165 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZHOU, JINGXIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12011 FAIRVIEW CT
 City MINNETONKA State MN Zip Code 55343-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699187850331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FARRELL, ELIZABETH ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18777 THE PINES
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2699980050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCSWEENEY, ERIN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 NOUVELLE WAY SUITE 805
 City NATICK State MA Zip Code 01760-1570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Mkt Grp CHRO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701818050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
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 166 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FRINGER, TRICIA LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 STANFORD AVE
 City DALLAS State TX Zip Code 75225-7917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701818650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. O'CONNELL, DANIEL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 W 18TH AVENUE
 City DENVER State CO Zip Code 80204-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 903.80

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701819650331
 Amount of Each Receipt this Period 180.76
 Memo Item
 P/R Deduction (\$90.38 Bi-Weekly)

C. BRUCE, JAMIE ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 THOREAU BLVD
 City O FALLON State MO Zip Code 63366-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701823050331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	949.96
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 167 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SPARKS, KEVIN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10681 S CEDAR NILES BLVD
 City OLATHE State KS Zip Code 66061-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701825550331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. ROTH, TROY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7982 WOOD COURT
 City FRISCO State TX Zip Code 75034-8203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2701828950331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KRAMER, NANCY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 STONE TRACE DRIVE
 City MASON State OH Zip Code 45040-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2702501450331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.14
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 168 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BRENNER, JEFFREY CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 CEDAR AVE
 APT 301
 City PHILADELPHIA State PA Zip Code 19143-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Integrated Hlth Human Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1274.14

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2702506350331
 Amount of Each Receipt this Period 464.00
 Memo Item
 P/R Deduction (\$232.00 Bi-Weekly)

B. MORRIS, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 CONGRESS AVE
 47Y
 City AUSTIN State TX Zip Code 78701-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2702508450331
 Amount of Each Receipt this Period 0.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. BENSON-SCEARCE, DENA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 406B RUDOLPH AVE
 City NASHVILLE State TN Zip Code 37206-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2703224650331
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	540.92
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 169 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MERZLICHER, CAREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 BENTLEY PARK CIRCLE
 City O FALLON State MO Zip Code 63368-8022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2703246950331
 Amount of Each Receipt this Period 72.00
 Memo Item
 P/R Deduction (\$36.00 Bi-Weekly)

B. HARVEY, CATHERINE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E ERIE ST UNIT 602
 City MILWAUKEE State WI Zip Code 53202-6251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2703637050331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. YOUNG, DAVID WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 CHISWELL CT
 City BRENTWOOD State TN Zip Code 37027-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 789.45

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2703655450331
 Amount of Each Receipt this Period 526.30
 Memo Item
 P/R Deduction (\$263.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	790.60
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 170 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ROLLINS, CARISSA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6805 CHEYENNE TRAIL
 City EDINA State MN Zip Code 55439-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2704188950331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DELANY, ANDREW JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 GARLAND AVENUE
 City DECATUR State GA Zip Code 30030-4940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2704196350331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHARFF, RICHARD L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 RUMSON ROAD
 City BIRMINGHAM State AL Zip Code 35209-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2705063650331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
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 171 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BUNTEN, BRIAN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 TATLOW DR
 City COLUMBIA State MO Zip Code 65203-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.91

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2705070550331
 Amount of Each Receipt this Period 118.86
 Memo Item
 P/R Deduction (\$59.43 Bi-Weekly)

B. SPADE, NATHAN THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 WARWICK CIRCLE
 City MECHANICSBURG State PA Zip Code 17050-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2705987050331
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. AGEN RYAN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 HIGH PARK LANE #433
 City SILVER SPRING State MD Zip Code 20910-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2705987450331
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	465.00
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 172 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BARTHOLET, DANIEL PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5918 VALEWOOD DRIVE
 City MINNETONKA State MN Zip Code 55345-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2706451150331
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MADRID, MERLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 SOUTH 3RD STREET
 City COLUMBUS State OH Zip Code 43215-5756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2740510350331
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

C. KORPMAN, RALPH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 WOODMONT BLVD SUITE 200
 City NASHVILLE State TN Zip Code 37205-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Scientific Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 05 / 31 / 2018
Transaction ID : PR2740514650331
 Amount of Each Receipt this Period 4999.90
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	5576.50
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 173 OF 238
	<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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MATHIS, BRIAN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4632 RESERVOIR ROAD NW
 City WASHINGTON State DC Zip Code 20007-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.72

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2740758750331
 Amount of Each Receipt this Period 497.00
 Memo Item
 P/R Deduction (\$248.50 Bi-Weekly)

B. FEHR, STEPHANIE LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6601 BLACKFOOT PASS
 City EDINA State MN Zip Code 55439-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Mkt Grp CHRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 789.45

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2748020550331
 Amount of Each Receipt this Period 526.30
 Memo Item
 P/R Deduction (\$263.15 Bi-Weekly)

C. PRONOVOST, PETER JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DEER CREEK COURT
 City REISTERSTOWN State MD Zip Code 21136-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 789.45

Date of Receipt **05 / 31 / 2018**
Transaction ID : PR2750286350331
 Amount of Each Receipt this Period 526.30
 Memo Item
 P/R Deduction (\$263.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1549.60
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 174 OF 238
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SIMON, JOHN D, , ,

Mailing Address 1388 DIAMOND COURT

City PITTSBURGH	State PA	Zip Code 15241-1220
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Advisory Svc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
789.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR2754663250331

Amount of Each Receipt this Period
526.30

Memo Item

P/R Deduction (\$263.15 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	526.30
TOTAL This Period (last page this line number only).....▶	161817.82

**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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Guthrie, S., Brett, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	3		2	0	1	8	6	5

FEC Identification Number

C C00445023

Transaction ID : 42186511

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183-3219

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Scalise, Steven, Joseph, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	3		2	0	1	8	6	5

FEC Identification Number

C C00394957

Transaction ID : 42186512

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City
Eden Prairie

State
MN

Zip Code
55344

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Paulsen, Erik, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	3		2	0	1	8	6	5

FEC Identification Number

C C00439661

Transaction ID : 42186513

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

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

10000.00

**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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. McHenry For Congress

Mailing Address PO Box 2165

City
Gastonia

State
NC

Zip Code
28053

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

McHenry, Patrick, Timothy, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00393629

Transaction ID : 42186514

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Walker 4 NC

Mailing Address PO Box 99247

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Walker, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00543231

Transaction ID : 42186515

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Comstock For Congress

Mailing Address PO Box 831

City
Mc Lean

State
VA

Zip Code
22101

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Comstock, Barbara, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00554261

Transaction ID : 42186516

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

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

6000.00

**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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Conservative Roundtable

Mailing Address PO Box 97275

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Conservative Roundtable

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00549725

Transaction ID : 42186517

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. David Rouzer For Congress

Mailing Address PO Box 3142

City
Wilmington

State
NC

Zip Code
28406

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rouzer, David, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: NC

District: 07

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00501643

Transaction ID : 42186570

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027-1500

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NC

District: 08

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00504522

Transaction ID : 42186573

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Void - Friends Of Elizabeth Esty; check dated 3/28/18

011

Category/
Type

Candidate Name

Esty, Elizabeth, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Convention2018**

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00494203

Transaction ID : 42202737

Amount of Each Disbursement this Period

- 1000.00

Memo Item Void - Friends Of Elizabeth Esty; check dated 3/28/18

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126-1172

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00330142

Transaction ID : 42212667

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney for Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568-0344

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00521948

Transaction ID : 42212676

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

4000.00

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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Roskam, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00410969

Transaction ID : 42212677

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Susan Brooks

Mailing Address 9425 N Meridian Street, #237

City
Indianapolis

State
IN

Zip Code
46260-1308

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Brooks, Susan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00500207

Transaction ID : 42212678

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00226522

Transaction ID : 42212680

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Kildee, Daniel, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 05

Date of Disbursement

/ /

FEC Identification Number

C C00499947

Transaction ID : 42212681

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Huizenga, Bill, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00459297

Transaction ID : 42212682

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Lewis For Congress, Inc.

Mailing Address 13800 Nicollet Blvd.
PO Box 3055

City Burnsville State MN Zip Code 55337

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Lewis, Jason, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00589234

Transaction ID : 42212683

Amount of Each Disbursement this Period

Contribution

Memo Item

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"/> 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)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial) A. Deb Fischer For US Senate Inc			Date of Disbursement MM / DD / YYYY 05 / 15 / 2018	
Mailing Address 5555 South St			FEC Identification Number C00498907 Transaction ID : 42213039	
City Lincoln	State NE	Zip Code 68506	Amount of Each Disbursement this Period 2500.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Fischer, Debra, S., Sen.,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District:			

Full Name (Last, First, Middle Initial) B. Josh Gottheimer For Congress			Date of Disbursement MM / DD / YYYY 05 / 15 / 2018	
Mailing Address PO Box 584			FEC Identification Number C00573949 Transaction ID : 42213040	
City Ridgewood	State NJ	Zip Code 07451	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Gottheimer, Josh, , Rep.,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05			

Full Name (Last, First, Middle Initial) C. Josh Gottheimer For Congress			Date of Disbursement MM / DD / YYYY 05 / 15 / 2018	
Mailing Address PO Box 584			FEC Identification Number C00573949 Transaction ID : 42213041	
City Ridgewood	State NJ	Zip Code 07451	Amount of Each Disbursement this Period 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Gottheimer, Josh, , Rep.,		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05			

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Heller, Dean, , Sen.,

Office Sought: House Senate President
State: NV District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42213042

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Wenstrup, Brad, , Rep.,

Office Sought: House Senate President
State: OH District: 02

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42213045

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
State: OK District: 02

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42213046

Amount of Each Disbursement this Period

Contribution

Memo Item

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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Castro For Congress

Mailing Address PO Box 544

City
San Antonio

State
TX

Zip Code
78292

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Castro, Joaquin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00497933

Transaction ID : 42213047

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Hurd For Congress

Mailing Address PO Box 761029

City
San Antonio

State
TX

Zip Code
78245

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hurd, William, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 23

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00545467

Transaction ID : 42213048

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Ave S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kind, Ronald, James, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00312017

Transaction ID : 42213049

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

7000.00

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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength and Security PAC

Mailing Address P.O. Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement
Contribution

011

Candidate Name

Continuing America's Strength and Security PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00480228

Transaction ID : 42213050

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. More Conservatives PAC

Mailing Address 228 S Washington Street
Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

011

Candidate Name

More Conservatives PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C C00540187

Transaction ID : 42213051

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 3142

City
Wilmington

State
NC

Zip Code
28406

Purpose of Disbursement
Contribution Funds Reported On June 20th FEC

011

Candidate Name

Rouzer, David, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C C00501643

Transaction ID : 42225981

Amount of Each Disbursement this Period

2000.00

Contribution Funds Reported On June 20th FEC

Memo Item

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

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

5000.00

**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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. David Rouzer For Congress

Mailing Address PO Box 3142

City
Wilmington

State
NC

Zip Code
28406

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 5/3/2018

011
Category/
Type

Candidate Name
Rouzer, David, , Rep.,

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2018

FEC Identification Number

C C00501643

Transaction ID : 42225982

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution Re-designated funds for trans. dated 5/3/2018

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contribution Funds Reported On April 20th FEC Report

011
Category/
Type

Candidate Name
Murphy, Christopher, , Sen.,

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2018
 Primary General
 Other (specify) Convention2018

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2018

FEC Identification Number

C C00492645

Transaction ID : 42275135

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution Funds Reported On April 20th FEC Report

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 3/22/2018

011
Category/
Type

Candidate Name
Murphy, Christopher, , Sen.,

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2018

FEC Identification Number

C C00492645

Transaction ID : 42275136

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution Re-designated funds for trans. dated 3/22/2018

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

0.00

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"/> 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)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contribution Funds Reported On April 20th FEC Report

011

Category/
Type

Candidate Name

Murphy, Christopher, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	8

FEC Identification Number

C C00492645

Transaction ID : 42275161

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution Funds Reported On April 20th FEC Report

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 3/28/2018

011

Category/
Type

Candidate Name

Murphy, Christopher, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	8

FEC Identification Number

C C00492645

Transaction ID : 42275162

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution Re-designated funds for trans. dated 3/28/2018

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

67000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Aaron Pilkington for State Representative

Mailing Address 200 Hilltop Rd

City Clarksville State AR Zip Code 72830

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Pilkington, Aaron, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186518
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Asa for Governor 2018

Mailing Address PO Box 22467

City Little Rock State AR Zip Code 72221-2467

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Hutchinson, Asa, , Gov.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186519
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Bruce Coleman for AR State Rep District 81

Mailing Address 11908 N Hwy 348

City Mountainburg State AR Zip Code 72946

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Coleman, Bruce, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186520
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Bruce Cozart for State Representative

Mailing Address 420 Rock Creek Road

City Hot Springs State AR Zip Code 71913

Purpose of Disbursement Contribution

011

Candidate Name
Cozart, Bruce, , AR Rep.,

Category/Type

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

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C
Transaction ID : 42186521
 Amount of Each Disbursement this Period
 500.00
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Richey for District 12

Mailing Address P.O. Box 2356

City West Helena State AR Zip Code 72390

Purpose of Disbursement Contribution

011

Candidate Name
Richey, Chris, , AR Rep.,

Category/Type

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

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C
Transaction ID : 42186522
 Amount of Each Disbursement this Period
 500.00
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Charlene Fite

Mailing Address P.O. Box 7300

City Van Buren State AR Zip Code 72956

Purpose of Disbursement Contribution

011

Candidate Name
Fite, Charlene, , AR Rep.,

Category/Type

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

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C
Transaction ID : 42186523
 Amount of Each Disbursement this Period
 500.00
 Contribution

Memo Item

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

1500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Mary Bentley

Mailing Address 142 Shady Lane

City Perryville State AR Zip Code 72126

Purpose of Disbursement Contribution

Category/Type

Candidate Name Bentley, Mary, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186524
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. David Fielding Committee

Mailing Address 909 South Vine Street

City Magnolia State AR Zip Code 71753

Purpose of Disbursement Contribution

Category/Type

Candidate Name Fielding, David, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186525
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Davis for State Representative

Mailing Address P.O. Box 30248

City Little Rock State AR Zip Code 72260

Purpose of Disbursement Contribution

Category/Type

Candidate Name Davis, Andy, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186526
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Dean Elliott Committee

Mailing Address 12 Basswood Terrace

City
Maumelle

State
AR

Zip Code
72113

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Elliott, Dean, , ,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186527

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Douglas for State Rep. District 91

Mailing Address 6251 SW Regional Airport Blvd

City
Bentonville

State
AR

Zip Code
72712

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Douglas, Dan, , AR Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186528

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Flippo for AR Senate

Mailing Address 500 Driftwood Drive

City
Mountain Home

State
AR

Zip Code
72653

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Flippo, Scott, , AR Sen.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186529

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

2000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hodges for State House

Mailing Address 511 South 2nd St

City Rogers State AR Zip Code 72756

Purpose of Disbursement Contribution

Category/Type

Candidate Name Hodges, Grant, , AR Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186530
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Sorvillo for State Representative

Mailing Address 1925 Rainwood Cove Drive

City Little Rock State AR Zip Code 72223

Purpose of Disbursement Contribution

Category/Type

Candidate Name Sorvillo, James, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186532
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Jett for State Representative

Mailing Address 572 CR 101

City Success State AR Zip Code 72470

Purpose of Disbursement Contribution

Category/Type

Candidate Name Jett, Joe, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186533
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Justin Boyd, State Representative - District 77

Mailing Address 1509 S 37th St

City
Fort Smith

State
AR

Zip Code
72903

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Boyd, Justin, , AR Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186534

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Larry Teague for State Senate

Mailing Address PO Box 903

City
Nashville

State
AR

Zip Code
71852

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Teague, Larry, , AR Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186535

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Les Eaves Committee

Mailing Address 102 Club Cove

City
Searcy

State
AR

Zip Code
72143

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Eaves, Les, , AR Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186537

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

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

[REDACTED] 2000.00

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

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Mark Lowery Committee

Mailing Address 229 Summit Valley

City Maumelle State AR Zip Code 72113

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Lowery, Mark, , AR Rep.,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186538
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Mat Pitsch for State Senate

Mailing Address 11215 Vista Ridge Court

City Fort Smith State AR Zip Code 72916

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Pitsch, Mat, , ,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186540
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. McCollum for Arkansas

Mailing Address P.O. Box 1372

City Bentonville State AR Zip Code 72712

Purpose of Disbursement Contribution

Category/Type

Candidate Name **McCollum, Austin, , AR Rep.,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186541
 Amount of Each Disbursement this Period

 Contribution
 Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Murdock for State Representative District 48

Mailing Address P.O. Box 1071

City Marianna State AR Zip Code 72360

Purpose of Disbursement Contribution

011

Candidate Name

Murdock, Reginald, , AR Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186542

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Richmond 4 State Representative District 21

Mailing Address 10509 S & G Circle

City Harvey State AR Zip Code 72841

Purpose of Disbursement Contribution

011

Candidate Name

Richmond, Marcus, , AR Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186543

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Lundstrum Campaign

Mailing Address 1327 Elm Springs Road

City Springdale State AR Zip Code 72762

Purpose of Disbursement Contribution

011

Candidate Name

Lundstrum, Robin, , AR Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186544

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

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

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

[REDACTED] 1500.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Steve Wilson for Ohio

Mailing Address 102 E. Orchard Ave.

City Lebanon State OH Zip Code 45036

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Wilson, Steve, , OH Sen.,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186545
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Wolf for Governor

Mailing Address PO Box 504

City Mt Wolf State PA Zip Code 17347

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Wolf, Tom, , Gov.,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186546
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Ana Hernandez Campaign

Mailing Address P.O. Box 15538

City Houston State TX Zip Code 77220

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Hernandez, Ana, , TX Rep.,**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	8		

FEC Identification Number

Transaction ID : 42186547
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Angie Chen Button Campaign

Mailing Address 6914 Clear Springs Circle

City Garland State TX Zip Code 75044

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Button, Angie, , TX Rep.,**

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

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

FEC Identification Number

Transaction ID : 42186548
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Geren Campaign

Mailing Address PO Box 1440

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Geren, Charles, , TX Rep.,**

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

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

FEC Identification Number

Transaction ID : 42186549
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Chris Turner Campaign

Mailing Address PO Box 182093

City Arlington State TX Zip Code 76096

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Turner, Christopher, , TX Rep.,**

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

Date of Disbursement
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2018

FEC Identification Number

Transaction ID : 42186550
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Garnet Coleman

Mailing Address PO Box 88140

City
Houston

State
TX

Zip Code
77288

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Coleman, Garnet, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186551

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Craig Goldman Campaign

Mailing Address PO Box 100039

City
Fort Worth

State
TX

Zip Code
76185

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Goldman, Craig, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186552

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Donna Howard Campaign

Mailing Address 2005 Lakeshore Dr

City
Austin

State
TX

Zip Code
78746

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Howard, Donna, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C

Transaction ID : 42186553

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Dr. Greg Bonnen

Mailing Address 405 David

City Friendswood

State TX

Zip Code 77546

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Bonnen, Greg, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186554

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Giovanni Capriglione Campaign

Mailing Address 1352 Ten Bar Trail

City Southlake

State TX

Zip Code 76092

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Capriglione, Giovanni, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186555

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Hubert Vo Campaign

Mailing Address 11360 Bellaire Blvd
Suite 880

City Houston

State TX

Zip Code 77072

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Vo, Hubert, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186556

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Justin Rodriguez Campaign

Mailing Address P.O. Box 100153

City
San Antonio

State
TX

Zip Code
78201

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rodriguez, Justin, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186557

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Koop for Texas

Mailing Address 15210 Leafy Lane

City
Dallas

State
TX

Zip Code
75248

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Koop, Linda, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186558

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Nicole Collier Campaign

Mailing Address P.O. Box 24241

City
Fort Worth

State
TX

Zip Code
76124

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Collier, Nicole, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186559

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Oscar Longoria Campaign

Mailing Address PO Box 4224

City Mission

State TX

Zip Code 78573

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Longoria, Oscar, , Mr.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186560
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Phillip Cortez Campaign

Mailing Address 7919 Liberty Island

City San Antonio

State TX

Zip Code 78227

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Cortez, Philip, , TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186561
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Rick Miller Campaign

Mailing Address 1515 Old Trail Court

City Sugar Land

State TX

Zip Code 77479

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Miller, Rick, , TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186562
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Roland Guitierrez Campaign

Mailing Address P.O. Box 15232

City
San Antonio

State
TX

Zip Code
78212

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Guitierrez, Roland, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186563

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Sarah Davis Campaign

Mailing Address 4203 Tennyson Street

City
Houston

State
TX

Zip Code
77005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Davis, Sarah, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186564

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Senfronia Thompson Campaign

Mailing Address 4828 Loop Central Dr
#600

City
Houston

State
TX

Zip Code
77081

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Thompson, Senfronia, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42186565

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Sergio Munoz Jr. Campaign

Mailing Address 1110 S. Closner Blvd

City Edinburg State TX Zip Code 78539

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Munoz, Sergio, , TX Rep., Jr.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186566

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tan Parker Campaign

Mailing Address 4024 Pruettn Ln

City Argyle State TX Zip Code 76226

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Parker, Tan, , TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186567

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans for Trent Ashby

Mailing Address PO Box 412

City Lufkin State TX Zip Code 75902

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Ashby, Trenton, , Mr.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42186568

Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Tom Oliverson Campaign

Mailing Address 1 E. Greenway Plz., Ste. 225

City Houston State TX Zip Code 77046

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Oliverson, Tom, , TX Rep.,**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	8

FEC Identification Number

Transaction ID : 42186569
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Cowles for Delegate 2018

Mailing Address 2612 Martinsburg Rd

City Berkeley Springs State WV Zip Code 25411

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Cowles, Daryl, , WV Del.,**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	8

FEC Identification Number

Transaction ID : 42186571
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Ryan Ferns Committee

Mailing Address 37 Jenna Way Drive

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Ferns, Ryan, , WV Sen.,**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	8

FEC Identification Number

Transaction ID : 42186572
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Angela Paxton Campaign

Mailing Address 5613 S Woodcreek Circle

City McKinney State TX Zip Code 75071

Purpose of Disbursement Contribution

Category/Type

Candidate Name Paxton, Angela, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195410
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Armando Martinez Campaign

Mailing Address PO Box 1651

City Weslaco State TX Zip Code 78599

Purpose of Disbursement Contribution

Category/Type

Candidate Name Martinez, Armando, , TX Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195411
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Brooks Landgraf Campaign

Mailing Address 2331 Ladue Ln

City Odessa State TX Zip Code 79762

Purpose of Disbursement Contribution

Category/Type

Candidate Name Landgraf, Brooks, , TX Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195412
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Candy Noble Campaign

Mailing Address 1105 E. Main Street #223

City Allen State TX Zip Code 75002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Noble, Candy, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195413
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Carol Alvardao Campaign

Mailing Address P.O. Box 230842

City Houston State TX Zip Code 77223

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Alvardao, Carol, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195414
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Celia Israel Campaign

Mailing Address P.O. Box 141246

City Austin State TX Zip Code 78714

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Israel, Celia, , TX Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195415
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Cesar Blanco Campaign

Mailing Address 701 Magoffin Ave

City El Paso State TX Zip Code 79901

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Blanco, Cesar, , TX Rep.,

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

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C
Transaction ID : 42195659
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Charles Doc Anderson Campaign

Mailing Address P.O. Box 7752

City Waco State TX Zip Code 76714

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Anderson, Charles, , TX Rep.,

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

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C
Transaction ID : 42195660
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Charlie Geren Campaign

Mailing Address PO Box 1440

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Geren, Charles, , TX Rep.,

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

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C
Transaction ID : 42195663
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

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

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

3000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Chris Paddie Campaign

Mailing Address 200 W Wellington

City
Carthage

State
TX

Zip Code
75633

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Paddie, Chris, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42195666

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Chuy Hinojosa Campaign

Mailing Address PO Box 1421

City
Austin

State
TX

Zip Code
78767

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hinojosa, Juan, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42195671

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Flores Campaign

Mailing Address 1013 Parrot Trail

City
Round Rock

State
TX

Zip Code
78681

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Flores, Cynthia, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42195672

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

[REDACTED] 4000.00

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

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Dawn Buckingham Campaign

Mailing Address P.O. Box 342524

City
Austin

State
TX

Zip Code
78734

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Buckingham, Dawn, , TX Sen.,

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C _____
Transaction ID : 42195674
Amount of Each Disbursement this Period
_____ 2000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Darby Campaign

Mailing Address PO Box 3284

City
San Angelo

State
TX

Zip Code
76902

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Darby, Drew, , TX Rep.,

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C _____
Transaction ID : 42195675
Amount of Each Disbursement this Period
_____ 1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Drew Springer Campaign

Mailing Address 320 E 4th Street

City
Muenster

State
TX

Zip Code
76252

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Springer, Drew, , TX Rep., Jr.

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C _____
Transaction ID : 42195676
Amount of Each Disbursement this Period
_____ 1000.00
Contribution

Memo Item

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

4000.00

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

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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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Dustin Burrows Campaign

Mailing Address P.O. Box 2569

City
Lubbock

State
TX

Zip Code
79408

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Burrows, Dustin, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195677

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Dwayne Bohac Campaign

Mailing Address 7941 Katy Freeway #230

City
Houston

State
TX

Zip Code
77024

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Bohac, Dwayne, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195678

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Eddie Rodriguez Campaign

Mailing Address PO Box 2436

City
Austin

State
TX

Zip Code
78768

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rodriguez, Eddie, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195679

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Fallon for Texas

Mailing Address PO Box 57875

City
Denton

State
TX

Zip Code
76206

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Fallon, Patrick, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C

Transaction ID : 42195680

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Brandon Creighton

Mailing Address 2257 N Loop 336
Ste 140-366

City
Conroe

State
TX

Zip Code
77304

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Creighton, Brandon, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number

C

Transaction ID : 42195681

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Donna Campbell

Mailing Address 603 W 13th St
Ste 1B

City
Austin

State
TX

Zip Code
78701

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Campbell, Donna, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : 42195762

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

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

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

6000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Zerwas

Mailing Address 4203 Glade Shadow Court

City Katy State TX Zip Code 77494

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Zerwas, John, , TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195764
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Larry Taylor

Mailing Address PO Box 1208

City Friendswood State TX Zip Code 77549

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Taylor, Larry, , TX Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195769
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Elkins Campaign

Mailing Address 16430 Koester

City Jersey Village State TX Zip Code 77040

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Elkins, Gary, , TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195773
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Geanie Morrison Campaign

Mailing Address PO Box 4642

City
Victoria

State
TX

Zip Code
77903-4642

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Morrison, Geanie, W., TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195774
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff Leach Campaign

Mailing Address 800 Glen Rose Drive

City
Allen

State
TX

Zip Code
75013

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Leach, Jeffrey, C., TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195778
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. JM Lozano Campaign

Mailing Address 727 Arroyo Drive

City
Kingsville

State
TX

Zip Code
78363

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Lozano, J.M., , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42195781
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial) A. Joe Moody Campaign			Date of Disbursement MM / DD / YYYY 05 / 08 / 2018	
Mailing Address P.O. Box 920827			FEC Identification Number C [REDACTED] Transaction ID : 42195787	
City El Paso	State TX	Zip Code 79902	Amount of Each Disbursement this Period [REDACTED] 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Moody, Joe, , TX Rep.,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. John Frullo Campaign			Date of Disbursement MM / DD / YYYY 05 / 08 / 2018	
Mailing Address 4024 75th Street			FEC Identification Number C [REDACTED] Transaction ID : 42195788	
City Lubbock	State TX	Zip Code 79423	Amount of Each Disbursement this Period [REDACTED] 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Frullo, John, , TX Rep.,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. John Kuempel Campaign			Date of Disbursement MM / DD / YYYY 05 / 08 / 2018	
Mailing Address 523 East Donegan St.			FEC Identification Number C [REDACTED] Transaction ID : 42195789	
City Seguin	State TX	Zip Code 78155	Amount of Each Disbursement this Period [REDACTED] 1000.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Kuempel, John, , TX Rep.,		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

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

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

[REDACTED] 3000.00
[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Jose Menendez Campaign

Mailing Address PO Box 100833

City
San Antonio

State
TX

Zip Code
78201

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Menendez, Jose, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195793

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Ken Strange Campaign

Mailing Address 46 Peace Pipe

City
Wimberley

State
TX

Zip Code
78676

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Strange, Ken, , ,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195794

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Kirk Watson Campaign

Mailing Address PO Box 2004

City
Austin

State
TX

Zip Code
78768

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Watson, Kirk, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195797

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

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

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

[REDACTED] 5000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Konni Burton Campaign

Mailing Address 5212 Elm Street

City
Colleyville

State
TX

Zip Code
76034

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Burton, Konni, , TX Sen.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195820

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Kyle Kacal Campaign

Mailing Address P.O. Box 6628

City
College Station

State
TX

Zip Code
77805

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kacal, Kyle, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195842

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyle Larson Campaign

Mailing Address PO Box 171148

City
San Antonio

State
TX

Zip Code
78217

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Larson, Lyle, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195864

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 4000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Matt Rinaldi Campaign

Mailing Address P.O. Box 631721

City
Irving

State
TX

Zip Code
75063

Purpose of Disbursement
Contribution

011

Candidate Name

Rinaldi, Matt, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195894

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Matt Schaefer Campaign

Mailing Address 1025 Clyde Dr

City
Tyler

State
TX

Zip Code
75701

Purpose of Disbursement
Contribution

011

Candidate Name

Schaefer, Matt, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195996

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Shaheen Campaign

Mailing Address 3917 Malton Drive

City
Plano

State
TX

Zip Code
75025

Purpose of Disbursement
Contribution

011

Candidate Name

Shaheen, Matt, , TX Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42195997

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Mike Lang Campaign

Mailing Address 2311 Marselilles Ct

City Granbury State TX Zip Code 76048

Purpose of Disbursement Contribution

Category/Type

Candidate Name Lang, Mike, , TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196002
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Schofield Campaign

Mailing Address 2104 Chilton

City Houston State TX Zip Code 77019

Purpose of Disbursement Contribution

Category/Type

Candidate Name Schofield, Michael, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196003
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Bettencourt Campaign

Mailing Address 1 E. Greenway Plaza, Suite 225

City Houston State TX Zip Code 77046

Purpose of Disbursement Contribution

Category/Type

Candidate Name Bettencourt, Paul, , TX Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196188
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Phil King Campaign

Mailing Address 925 Santa Fe Dr
Ste 101

City Weatherford State TX Zip Code 76086

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
King, Phil, , TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196190
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Rene Oliveira Campaign

Mailing Address 855 West Price Road, Suite 9

City Brownsville State TX Zip Code 78520

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Oliveira, Rene, O., TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196198
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Representative Richard Pena Raymond Future of Texas Fund

Mailing Address PO Box 450349

City Laredo State TX Zip Code 78045

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Raymond, Richard, Pena, TX Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42196202
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Ron Simmons Campaign

Mailing Address 4000 Memorial Ct

City
Carrollton

State
TX

Zip Code
75010

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Simmons, Ronald, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196213

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Guillen Campaign

Mailing Address PO Box 1024

City
Austin

State
TX

Zip Code
78767

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Guillen, Ryan, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196218

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Cosper Campaign

Mailing Address 2110 Southport Drive

City
Killeen

State
TX

Zip Code
76542

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Cosper, Scott, , TX Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196219

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

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

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

[REDACTED] 3000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Senator Eddie Lucio Jr. Campaign

Mailing Address PO Box 5958

City
Brownsville

State
TX

Zip Code
78523

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Lucio, Eduardo, , Senator, Jr.

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196222

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans for Charles Schwertner

Mailing Address PO Box 2448

City
Georgetown

State
TX

Zip Code
78627-2448

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Schwertner, Charles, , TX Sen., MD

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196230

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans for Kelly Hancock SPAC

Mailing Address 4908 Dory Court

City
North Richland Hills

State
TX

Zip Code
76180

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hancock, Kelly, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196231

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

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

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

[REDACTED] 6000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. The Campaign To Elect Walter ('Four') Price

Mailing Address 2606 S Lipscomb St

City Amarillo State TX Zip Code 79109

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Price, Walter, Four, TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : 42196232

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Todd Hunter Campaign

Mailing Address 445 Cape Henry

City Corpus Christi State TX Zip Code 78412

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Hunter, Todd, , TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : 42196235

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Craddick Campaign

Mailing Address Two Lakes Drive

City Midland State TX Zip Code 79705

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Craddick, Tom, , TX Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C

Transaction ID : 42196236

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

5000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Toni Rose Campaign

Mailing Address P.O. Box 41867

City
Dallas

State
TX

Zip Code
75241

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rose, Toni, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196260

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Dale Campaign

Mailing Address 2800 E. Whitestone Blvd, Suite 120
PMB 208

City
Cedar Park

State
TX

Zip Code
78613

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Dale, Tony, , TX Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196261

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Trey Martinez Fischer Campaign

Mailing Address 104 Babcock

City
San Antonio

State
TX

Zip Code
78201

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Martinez Fischer, Trey, , ,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42196263

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

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

[REDACTED] 4000.00

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

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Jane Nelson Campaign

Mailing Address P.O. Box 608

City
Grapevine

State
TX

Zip Code
76099

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Nelson, Jane, , TX Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	08	/	2018

FEC Identification Number

Transaction ID : 42196315
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Sheila Harsdorf

Mailing Address PO Box 888

City
River Falls

State
WI

Zip Code
54022

Purpose of Disbursement
Void - Friends of Sheila Harsdorf; check dated 11/21/17

Category/
Type

Candidate Name

Harsdorf, Sheila, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2018

FEC Identification Number

Transaction ID : 42202727
Amount of Each Disbursement this Period

Void - Friends of Sheila Harsdorf;
check dated 11/21/17

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Aaron Miller

Mailing Address 606 Cherry Street

City
Sturgis

State
MI

Zip Code
49091

Purpose of Disbursement
Void - Committee to Elect Aaron Miller; check dated 12/29/17

Category/
Type

Candidate Name

Miller, Aaron, , MI Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2018

FEC Identification Number

Transaction ID : 42202728
Amount of Each Disbursement this Period

Void - Committee to Elect Aaron
Miller; check dated 12/29/17

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. West Michigan Liberty Fund PAC

Mailing Address 606 Cherry St

City Sturgis State MI Zip Code 49091

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204078
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Cecile Bledsoe for Senate

Mailing Address 709 Sky Mountain Drive

City Rogers State AR Zip Code 72756

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Bledsoe, Cecile, , AR Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204715
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Rapert for Senate

Mailing Address PO Box 10388

City Conway State AR Zip Code 72034

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Rapert, Jason, , AR Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204716
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Kim Hammer for Senate

Mailing Address 1411 Edgehill Drive

City
Benton

State
AR

Zip Code
72015

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hammer, Kim, David, ,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42204717

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Vote Charlie Collins

Mailing Address 3225 East Piper Glen

City
Fayetteville

State
AR

Zip Code
72703

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Collins, Charlie, , AR Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42204718

Amount of Each Disbursement this Period

[REDACTED] 1100.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Brinkman Campaign Committee

Mailing Address 3215 Hardisty Ave.

City
Cincinnati

State
OH

Zip Code
45208

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Brinkman, Thomas, , OH Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42204719

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Contribution

Memo Item

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

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

[REDACTED] 4600.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Campaign to Elect James M. Hoops

Mailing Address 195 Old Creek Drive

City Napoleon State OH Zip Code 43545

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Hoops, Jim, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204720
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Gonzales, Anne, , OH Rep.,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204721
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Blessing

Mailing Address 3378 Dolomar Drive

City Cincinnati State OH Zip Code 45239

Purpose of Disbursement Contribution

Category/
Type

Candidate Name
Blessing, Louis, , OH Rep., III

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204724
Amount of Each Disbursement this Period

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Citizens for Hottinger

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement Contribution

Category/Type

Candidate Name Hottinger, Jay, , OH Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42204727
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for McColley

Mailing Address 15 Lemans Dr

City Napoleon State OH Zip Code 43545

Purpose of Disbursement Contribution

Category/Type

Candidate Name McColley, Robert, , OH Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205023
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Obhof

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement Contribution

Category/Type

Candidate Name Obhof, Larry, , OH Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205024
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Citizens for Schuring Committee

Mailing Address 330 Third St. NW

City Canton State OH Zip Code 44702

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Schuring, Kirk, , OH Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205027
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Scott Ryan

Mailing Address 612 Lena Lane
PO Box 4605

City Heath State OH Zip Code 43056

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Ryan, Scott, , OH Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205029
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Yassenoff

Mailing Address 4679 Winterset Dr.

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Yassenoff, Erik, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205200
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Fred Strahorn

Mailing Address 531 Belmont Park North #1001

City Dayton State OH Zip Code 45405

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Strahorn, Fred, , OH Rep.,

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

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number
C
Transaction ID : 42205203
Amount of Each Disbursement this Period
2000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gayle Manning

Mailing Address 7064 Avon Belden Rd

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Manning, Gayle, , OH Sen.,

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

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number
C
Transaction ID : 42205205
Amount of Each Disbursement this Period
1500.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Rick Carfagna

Mailing Address 6155 Baneberry Dr.
PO Box 2242

City Westerville State OH Zip Code 43082

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Carfagna, Rick, , OH Rep.,

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

Date of Disbursement
MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number
C
Transaction ID : 42205220
Amount of Each Disbursement this Period
2000.00
Contribution

Memo Item

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

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

5500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Emelia Sykes Campaign

Mailing Address 109 N Howard St
Unit A

City Akron State OH Zip Code 44308

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Sykes, Emilia, , OH Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205223
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bill Coley

Mailing Address 8265 Cherry Laurel Drive

City Liberty TWP State OH Zip Code 45044

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Coley, Bill, , OH Sen., II

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205225
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of David Leland

Mailing Address 367 EAST BROAD STREET, 1002

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Leland, David, , OH Rep.,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205226
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Kenny Yuko

Mailing Address 479 Pierson Dr.

City Richmond Heights State OH Zip Code 44143

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Yuko, Kenny, , OH Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 42205227
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Larry Householder

Mailing Address 138 E High St.

City Glenford State OH Zip Code 43739

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Householder, Larry, , ,

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 42205229
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Lou Terhar

Mailing Address 5595 Boomer Road

City Cincinnati State OH Zip Code 45247

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Terhar, Louis, , OH Sen.,

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : 42205231
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Ryan Smith

Mailing Address 63 Cedar St

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Smith, Ryan, , OH Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C

Transaction ID : 42205232

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Hackett for Ohio

Mailing Address 2050 Palouse Drive

City London State OH Zip Code 43140

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Hackett, Robert, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C

Transaction ID : 42205234

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jack Cera for State Rep.

Mailing Address 63899 Violet Lane

City Bellaire State OH Zip Code 43906

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Cera, Jack, , OH Rep.,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2018

FEC Identification Number

C

Transaction ID : 42205236

Amount of Each Disbursement this Period

750.00

Contribution

Memo Item

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

8250.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. LaTourette for Ohio

Mailing Address PO Box 76

City
Chagrin Falls

State
OH

Zip Code
44022

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

LaTourette, Sarah, , OH Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205237

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Nathan Manning for Ohio

Mailing Address 7064 Avon Belden Rd

City
North Ridgeville

State
OH

Zip Code
44039

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Manning, Nathan, , OH Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205239

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Huffman for Ohio

Mailing Address 540 W Market

City
Lima

State
OH

Zip Code
45801

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Huffman, Matt, , ,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 14 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205242

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Contribution

Memo Item

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

[REDACTED] 6500.00

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

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Oelslager for Ohio

Mailing Address 6706 Lake Cable Ave. NW

City
North Canton

State
OH

Zip Code
44720

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Oelslager, Scott, , OH Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205244

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Pelanda for Ohio

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Pelanda, Dorothy, , OH Rep.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205245

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Peterson for Good Government

Mailing Address 5564 Grassy Branch Road

City
Sabina

State
OH

Zip Code
45169

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Peterson, Bob, , OH Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2018

FEC Identification Number

C [REDACTED]

Transaction ID : 42205249

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Contribution

Memo Item

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

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

[REDACTED] 6000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Plummer for Ohio

Mailing Address 4679 Winterset Dr.

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Plummer, Phil, , ,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205251
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Romanchuk for State Rep.

Mailing Address 3306 Oakstone Dr.

City Mansfield State OH Zip Code 44903

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Romanchuk, Mark, , OH Rep.,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205252
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Seitz for Ohio

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Seitz, William, , OH Rep.,**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42205255
Amount of Each Disbursement this Period

Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Sykes for Office

Mailing Address 133 Furnace Run Drive

City Akron State OH Zip Code 44307

Purpose of Disbursement Contribution

Category/Type

Candidate Name Sykes, Vernon, , OH Sen.,

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2018

FEC Identification Number

Transaction ID : 42205259
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Louisiana House Democratic Campaign Committee

Mailing Address P.O. Box 4385

City Baton Rouge State LA Zip Code 70821

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2018

FEC Identification Number

Transaction ID : 42205261
 Amount of Each Disbursement this Period

 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Legislative Delegation Campaign Committee

Mailing Address PO Box 44422

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2018

FEC Identification Number

Transaction ID : 42205262
 Amount of Each Disbursement this Period

 Contribution

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. AsaPAC

Mailing Address P.O. Box 242657

City
Little Rock

State
AR

Zip Code
72223

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42217346

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Commonwealth Victory Fund

Mailing Address 1710 East Franklin St
2nd Floor

City
Richmond

State
VA

Zip Code
23223

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42262553

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Florida Grown

Mailing Address 2640-A Mitcham Drive

City
Tallahassee

State
FL

Zip Code
32308

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : 42262554

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Contribution

Memo Item

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

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

[REDACTED] 20000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. PA House Republican Campaign Committee

Mailing Address 500 N Third St. 4th Floor
PO Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 42262555
Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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